2018 Medical Council Annual Report and Financial Statements

Comhairle na nDochtúirí Leighis
Medical Council

About the Medical Council

The Medical Council is the regulatory body for doctors. It has a statutory role in protecting the public by promoting the highest professional standards amongst doctors practising in the Republic of Ireland.

The Council has a majority of non-medical members. The 25 member Council consists of 13 non-medical members and 12 medical members. The Council receives no State funding and is funded primarily by doctors' registration fees.

The Medical Council maintains the Register of Medical Practitioners - the Register of all doctors who are legally permitted to carry out medical work in Ireland. The Council also sets the standards for medical education and training in Ireland. It oversees lifelong learning and skills development throughout doctors' professional careers through its professional competence requirements. It is charged with promoting good medical practice.

The Medical Council is also where the public may make a complaint against a doctor.

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President and Vice President's Statement

It is our pleasure to publish the Annual Report and Financial Statements of the Medical Council for the year ending 31st December 2018. This has been an eventful year for the Medical Council with a new Council being installed in June.

We must begin by acknowledging the Medical Council members who served from June 2013 to May 2018, particularly acknowledging the work of former President, Professor Freddie Wood. We would like to thank those former Council members for their dedication throughout their term.

During the Council term of 2013 – 2018 the Council oversaw significant changes and improvements.

Registration online is now the norm and efficiencies were achieved in this area.

Improvements in undergraduate medical education are being achieved through monitoring and accrediting medical schools to ensure compliance with the standards. A collaborative effort between the Medical Council and post graduate training bodies resulted in addressing noncompliance with Professional Competence enrolment rates, which are now over 98%.

In 2016 the Council published the 8th Edition of the Guide to Professional Conduct & Ethics for Registered Medical Practitioners. The guide was updated after the Council completed a comprehensive consultation process with members of the public, doctors and a range of partner organisations on issues relating to doctors' professional conduct and ethics.

We must also acknowledge the work and professionalism of the staff of the Executive who have continued to work diligently throughout the year to fulfil the statutory remit given to the Medical Council by legislation.

2018 has been a busy year for the Council with many highlights. We continued to support the doctor patient relationship when we published a multi-lingual patient information booklet in January 2018, which was launched by Minister David Stanton, Minister for Equality, Immigration, and Integration.

In March 2018, the Medical Council election process began with six new members elected to the Council by the profession. The new 25-member Council began its term on the 1st June 2018. The Medical Council has a very important dual role in protecting patients and supporting doctors and the insights, experience and contributions of the new members will be invaluable to the Medical Council in fulfilling these roles

In relation to ethics, we launched revised guidance for doctors on relationships with industry in May 2018, and following the Referendum on the 8th Amendment we began the consultation process to update the Guide to Professional Conduct and Ethics for Registered Medical Practitioners.

Throughout 2018, we appeared before Oireachtas Committees to discuss significant issues such as consultants not on the specialist register, open disclosure and ethical guidelines.

We continue to offer doctors support through our Health Committee. This committee is comprised of both medical personnel and other healthcare professionals. Our Health Committee plays an important role in supporting doctors to continue in practise during illness or difficult times.

We look forward to the challenges and opportunities ahead in 2019.

Dr Rita Doyle
President

Dr Anthony Breslin
Vice-President

Chief Executive Officer's Review

Welcome to the Medical Council's 2018 Annual Report. It has been a productive year for the Council and it is a pleasure to give an overview of all that has been achieved in this Annual Report.

There were many highlights for the Medical Council throughout 2018.

We welcomed a new Council who commenced their term in June. The first meeting was held on July 11th where Dr Rita Doyle was elected President and Dr Anthony Breslin was re-elected as Vice-President. I look forward to working with Dr Doyle and Dr Breslin and their fellow Council members over the next five years, to develop a strategic direction for the Council which is focused on protecting patients and supporting doctors.

I would also like to acknowledge the outgoing Council and former President, Professor Freddie Wood, all of whom made valuable contributions to our role during the 2013-2018 term.

2018 also saw the Council draft a new five-year Statement of Strategy, which will cover the period 2019-2023. This is an innovative and ambitious plan which we will launch in early 2019. The 2014 – 2018 Statement of Strategy concluded at the end of the previous Council term, and we are delighted to have achieved a number of the strategic objectives outlined within.

Several progressive campaigns were also launched in 2018, such as Safe Start – a guide for doctors who are new to practicing medicine in Ireland, and the translation of the Council's patient safety booklet into five different languages. The Safe Start guide has been designed to aid and support doctors who are either new to medical practice in Ireland, recently graduated doctors or doctors who are returning to practice here from overseas.

On a number of occasions throughout 2018 we appeared before the Oireachtas Committee on Health, as well as the Public Accounts Committee on topics such as consultants not on the Specialist Register, open disclosure and ethical guidelines, highlighting the role of the Council.

In August we published Reports into Inspections of Clinical Training Sites in the South/South West and Saolta Hospital Groups. The purpose of each inspection visit was to assess if and how each clinical training site is complying with Medical Council standards for clinical training sites. This is our first time publishing these reports and we look forward to continuing this process with the other Hospital Groups.

We also consulted with the profession and stakeholders several times, including on the development of our Statement of Strategy, Section 11 Rules for Professional Indemnity, and ethical guidelines following the enactment of The Health (Regulation of Termination of Pregnancy) Act 2018.

The Medical Council attended a meeting of the US Department of Education's National Committee on Foreign Medical Education and Accreditation (NCFMEA) in September 2018, when it was determined that the Medical Council's accreditation processes are comparable with those applied in the USA. This facilitates medical schools in Ireland in continuing to receive grant-funded medical students from the USA.

Significant progress has been made on seeking amendments to the Medical Practitioners Act 2007 and it is expected that legislation will be published in early 2019 to address some of the issues highlighted by both ourselves and the profession.

Throughout the year a number of issues came to our attention, one such issue being the problem of opioid misprescribing. This will require a concerted response across the range of our activities and will be an important part of our work in the year ahead

2019 promises to bring many more exciting opportunities and challenges and we are looking forward to commencing this new chapter over the next few months.

William Prasifka
Chief Executive Officer

Statement of Strategy 2014-2018

In 2014, the Medical Council introduced the Statement of Strategy for the period of 2014 – 2018. This plan set out the direction of the Council and outlined six strategic objectives to be addressed which are underpinned by five core values.

The Council set six strategic objectives for its term:

1. Develop an effective and efficient register that is responsive to the changing needs of the public and the medical profession.
2. Create a supportive learning environment to enable good professional practice.
3. Maintain the confidence of the public and the profession in the Council's processes by developing a proportionate and targeted approach to regulatory activities.
4. Enhance patient safety through insightful research and greater engagement.
5. Build an organisational culture that supports leadership and learning.
6. Develop a sustainable and high-performing organisation.

The 2014 - 2018 Statement of Strategy concluded at the end of 2018. The 2019 - 2023 Statement of Strategy will be announced this year.

ACHIEVEMENT HIGHLIGHTS UNDER THE STATEMENT OF STRATEGY 2014 – 2018 IN 2018

STRATEGIC OBJECTIVE 1

Develop an effective & efficient register that is responsive to the needs of the public and medical profession

- Following the enactment of the Medical Practitioner's (Amendment) Act 2017 requiring all registered doctors to have in place minimum levels of professional indemnity cover as may be specified by the National Treasury Management Agency, the Medical Council held a public consultation on Section 11 rules for professional indemnity. All doctors retaining their registration at 1st July 2018 were required to provide the Council with a declaration as to their practice arrangement. Dependent upon that declaration, some 6,500 doctors were then required to provide a copy their indemnity certificate to the Council. The Council then verified the level of cover set out in the certificate provided met the levels set by the State Claims Agency. Failure to provide satisfactory evidence, pertaining to indemnity cover, led to 14 doctors being removed from the Register in 2018.
- Throughout 2018 the Medical Council worked closely with the Department of Health and stakeholders on preparations for Brexit across several areas.
- The Medical Council also had the opportunity to present to the Oireachtas Joint Committee on Health to discuss the Council's concerns relating to doctors working in consultant roles who were not on the Specialist Division of the Register.

STRATEGIC OBJECTIVE 2

Create a supportive learning environment to enable good professional practice

- An Ethics Working Group was established to review the Guide to Professional Conduct and Ethics for Registered Medical Practitioners following the referendum on the amendment to the Constitution in relation to the introduction of termination of pregnancy services in Ireland. This working group reviewed the Guide and made recommendations to the Medical Council to amend the Guide in advance of the introduction of the Health (Regulation of Termination of Pregnancy) Act 2018 with additional amendments due.
- The Medical Council also had the opportunity to appear before the Oireachtas Joint Committee on Health to discuss the Council's role in Ethical Guidance and advice for doctors.
- The Medical Council published updated guidance for doctors on appropriate relationships with industry, including pharmaceutical and medical device companies and other industry bodies.

STRATEGIC OBJECTIVE 3

Maintain confidence by developing a proportionate and targeted approach to regulatory activities

3

- The Medical Council published reports into two sets of inspections carried out in nine Hospitals across the Saolta University Health Care Group and the South/South West Hospital Group as part of the Medical Council's quality assurance role in medical education and training. The purpose of each inspection visit was to assess if and how each clinical training site is complying with Medical Council standards for clinical training sites.
- The Medical Council visited the Dublin/ Midlands and Children's Hospital Groups in November and December 2018. A total of nine clinical training sites underwent a thorough inspection visit and reports of these visits will be published in 2019.
- In 2018, the Medical Council conducted re-accreditation visits to three medical schools to assess their direct entry medical education and training programmes, namely RCSI-Perdana University (Malaysia), Royal College of Surgeons Ireland and University College Dublin Malaysia Campus and Trinity College Dublin.
- A focus for 2018 was to ensure registered doctors are enrolled on professional competence schemes. Targeted action improved enrolment rates to 99%.
- 33 cases were managed for performance assessment in 2018 with 10 new referrals.
- 396 complaints against doctors were received and 29 Fitness to Practise Inquiries were completed.
- 48 doctors were receiving support from the Medical Councils Health Committee at the end of 2018.

STRATEGIC OBJECTIVE 4

Enhance patient safety through research & greater engagement

4

- The Medical Council launched a valuable resource for patients, a booklet entitled 'Working with your doctor: useful information for patients' which is available in English, Irish, French, Spanish and Polish, and was officially launched by Minister of State for Equality, Immigration, and Integration, David Stanton TD.
- The Medical Council published a guide for doctors who are new to medical practice in Ireland as part of its Safe Start initiative. This guide has been designed to aid and support doctors who are either new to medical practice in the Ireland, recently graduated doctors or doctors who are returning to practice from overseas. Safe Start includes essential information on consent, prescribing, End of Life care, record keeping, general conduct and communication skills. It also includes valuable resources that support doctor's wellbeing and a general introduction to the Irish healthcare system.
- Throughout 2018, the Medical Council appeared before Oireachtas Committees to discuss significant issues such as consultants not on the Specialist Register, open disclosure and ethical guidelines.

Build an organisational culture that supports leadership & learning

5

- The Council's Corporate Social Responsibility (CSR) Statement was published in August 2018 with four core pillars confirming our commitment to the development of a positive workplace and organisation.
- A new Council was appointed in 2018 with six members being elected directly by the profession. Dr Rita Doyle was elected as President.

STRATEGIC OBJECTIVE 6

Develop a sustainable & high performing organisation

6

- ICT succeeded in implementing 25 key projects during the year to enhance the ICT infrastructure, with associated policies and procedures.
- Training, processes and new policies introduced for the implementation of the General Data Protection Regulation (GDPR)

Vision, Mission and Values

Vision

Providing leadership to doctors in enhancing good professional practice in the interest of patient safety

Mission

Ensuring high standards of education, training and practice among doctors for the benefit of patients

Values

1. We encourage diversity, engagement and learning to help us be a better organisation
2. We strive to further enhance trust between patients, doctors and the Medical Council
3. We lead by example, setting high standards for ourselves and for the doctors and organisations we regulate
4. We act in a respectful, fair, empathetic and consistent manner
5. We make independent, informed and objective decisions and we are accountable for them

Council Members as of 31st May 2018

Professor **Freddie Wood**
President

Dr **Anthony Breslin**
Vice President

Dr **John Barragry**

Ms **Vicky Blomfield**

Ms **Katharine Bulbulia**

Ms **Anne Carrigy**

Dr **Sean Curran**

Mr **Fergus Clancy**

Dr **Audrey Dillon**

Dr **Rita Doyle**

Ms **Mary Duff**

Professor **Fidelma Dunne**

Professor **Bairbre Golden**

Dr **Ruairi Hanley**

Mr **Sean Hurley**

Professor **Alan Johnson**

Professor **Mary Leader**

Ms **Catherine McKenna**

Ms **Margaret Murphy**

Mr **John Nisbet**

Professor **Colm O'Herlihy**

Mr **Tom O'Higgins**

Dr **Michael Ryan**

Ms **Cornelia Stuart**

Dr **Consilla Walsh**

Council Members as of 31st December 2018

Dr **Rita Doyle**
President

Dr **Anthony Breslin**
Vice President

Dr **John Barragry**

Ms **Vicky Blomfield**

Ms **Teresa Bulfin**

Dr **Thomas Crotty**

Dr **Suzanne Crowe**

Dr **Marcus de Brun**

Ms **Mary Duff**

Professor
Fidelma Dunne

Mr **John Gleeson**

Mr **Paul Harkin**

Professor
John Hyland

Professor
Mary Leader

Ms **Alison Lindsay**

Professor
Marina Lynch

Dr **Erica Maguire**

Ms **Catherine McKenna**

Dr **Maeve Moran**

Dr **Aoife Mullally**

Mr **John Murray**

Mr **Joe O'Donovan**

Mr **Tom O'Higgins**

Mr **Jim O'Sullivan**

Professor
Mary O'Sullivan

Executive Management Team

Bill Prasifka

CEO

Wendy Kennedy

Director of Corporate Services

Philip Brady

Director of Registration and Business Process Improvement

Jantze Cotter

Director of Professional Development and Research

William Kennedy

Director of Regulation

Úna O'Rourke

Director of Education, Training and Professionalism

2018 in Numbers

22,996
DOCTORS ON THE REGISTER

up from 22,649 in 2017

58% of registered medical practitioners received their primary medical qualification in Ireland

14% received their qualification in another EU member State or European Economic Area country

28% of registered practitioners received their primary medical qualification outside of Ireland or another EU member State or European Economic Area Country

Medical Workforce Breakdown

58% **MALE**

42% **FEMALE**

35% of registered doctors **ARE 35 YEARS OLD OR YOUNGER**

3 accreditation visits to medical schools took place nationally and internationally

2 specialist medical training programmes were accredited

396
COMPLAINTS RECEIVED

Website Visits Of
437,868

Medical Council Elections and Appointments

Six members of the Council are elected by registered medical practitioners, six are appointed by the Minister for Health, one being nominated by the Minister for Education and the remaining 13 are appointed by a number of nominating bodies.

The Medical Council is unique among medical regulators worldwide, in that the majority of the twenty-five member Council is made up of non-medical members, with 13 non-medical members. Six of the twelve medical members are appointed following election by registered doctors.

The six medical members who are elected must be nominated by 10 registered medical practitioners practising medicine in the State, to validly stand for election. Only registered practitioners, on the Register of medical practitioners, may stand for election to the Medical Council.

Following the close of the nominations period on 16th February 2018, the independent Returning Officer, Mr Fergus Gallagher, Dublin County Sheriff, has announced the candidates for election to the Medical Council having deemed the nominations of the following candidates valid.

Following the close of the Medical Council election process on the 21st March 2018 the independent Returning Officer announced the results and those elected.

Specialist Division - Anaesthesia	Total Poll -1,723
Dr Suzanne Crowe	669
Dr Eleanor O'Leary	588
Professor Ellen O'Sullivan	466
Dr Suzanne Crowe elected	

Specialist Division - Obstetrics and Gynaecology	Total poll -1,532
Dr Mary Catherine Therese Doyle	574
Dr Aoife Mullally	958
Dr Aoife Mullally elected	

Specialist Division - Pathology or Radiology	-
Dr Thomas Crotty elected unopposed	

Specialist Division - Public Health Medicine	Total poll 1,529
Dr Anthony Breslin	1,015
Dr Paul Quigley	514
Dr Anthony Breslin elected	

One medical practitioner, not being a consultant, practising medicine in a hospital	Total poll 1,737
Dr Erica Maguire	601
Dr Michael Ita	221
Dr Tashfeen Siddiq Ali	533
Dr Eamon Francis	382
Dr Erica Maguire elected	

One registered medical practitioner, not falling within any of the other categories	Total poll 2,082
Dr Roy Mark Browne	113
Dr Dawar Mahmood Siddiqi	151
Dr Sohail Rasool	303
Dr Shane O'Hanlon	242
Dr Sumi Dunne	253
Dr Malachy Gerard Coleman	159
Dr Marcus De Brun	639
Dr Cormac Duff	77
Dr Eleanor Mary Corcoran	145
Dr Marcus de Brun elected	

In total, 21 candidates contested six positions over the six panels in the election process to join the other 19 members who make up the 25 lay majority council for the new Medical Council term which began on the 1st June 2018. The remaining 19 members were nominated by other health bodies, regulators, the Minister for Health and the Minister for Education.

Dr John Barragry	Medical Member	Nominated by the Royal College of Physicians of Ireland
Ms Vicky Blomfield	Non-Medical Member	Nominated by HIQA
Ms Teresa Bulfin	Non-Medical Member	Nominated by HSE
Dr Rita Doyle	Medical Member	Nominated by the Irish College of General Practitioners
Ms Mary Duff	Non-Medical Member	Ministerial Nominee
Professor Fidelma Dunne	Medical Member	Nominated by Medical Schools
Mr John Gleeson	Non-Medical Member	Ministerial Nominee
Mr Paul Harkin	Non-Medical Member	Ministerial Nominee
Professor John Hyland	Medical Member	Nominated by Royal College of Surgeons in Ireland
Professor Mary Leader	Medical Member	Nominated by Medical Schools
Ms Alison Lindsay	Non-Medical Member	Ministerial Nominee
Professor Marina Lynch	Non-Medical Member	Nominated by the Royal Irish Academy
Ms Catherine McKenna	Non-Medical Member	Nominated by CORU
Dr Maeve Moran	Medical Member	Nominated by the College of Psychiatrists of Ireland
Mr Joe O'Donovan	Non-Medical Member	Nominated by Private Hospital Association
Mr Tom O'Higgins	Non-Medical Member	Ministerial Nominee
Mr Jim O'Sullivan	Non-Medical Member	Nominated by HSE
Prof Mary O'Sullivan	Non-Medical Member	Minister of Education and Skills Nominee
Mr John Murray	Non-Medical Member	Nominated by Nursing and Midwifery Board Ireland

The new Council's first meeting was on the 11th July 2018. At this meeting Dr Rita Doyle was elected by the members as the Medical Council's first woman and first full-time GP elected as President. Dr Anthony Breslin was re-elected as Vice President.

Registration

The Medical Council maintains the Register of Medical Practitioners, which in 2018 again grew, albeit only marginally to 22,996 up from the previous year's figure of 22,649 doctors on the Register.

Changes to Professional Indemnity requirements

Having been signed into law in November 2017, the changes to requirements for reporting on levels of professional indemnity, were fully experienced by the profession when retaining their registration, through the annual renewal process in June 2018.

Professional indemnity is a mandatory requirement, protecting the practitioner against claims arising in respect of medical malpractice, negligence and other civil claims that arise from a breach of duty associated with your practice as a doctor. All doctors practising medicine in Ireland must have indemnity cover appropriate to the nature of their employment / practice arrangement and their area of practice.

All doctors retaining their registration at 1st July 2018 were required to provide the Council with a declaration as to their practice arrangement. Dependent upon that declaration, some 6,500 doctors were then required to provide a copy their indemnity certificate to the Council. The Council then verified the level of cover set out in the certificate provided met the levels set by the State Claims Agency. Failure to provide satisfactory evidence, pertaining to indemnity cover, has led to 14 doctors being removed from the Register.

Doctors by Location of Primary Qualification

58 percent of registered medical practitioners in Ireland in 2018 received their primary medical qualification in Ireland with a further 14% receiving their qualification in another EU member State or European Economic Area country. 28% of registered practitioners received their primary medical qualification outside of Ireland and EU member State or European Economic Area country.

Divisions of the Medical Register

As reported last year, the Specialist Division has remained at a higher level than the General Division, maintaining the trend established over the last few years of the Specialist Division growing.

Full Registration Statistics can be found in Appendix B:

- Pre-registration Examination Statistics
- Divisions of the Medical Register
- Categories of Applicant
- Gender Breakdown
- Age range of doctors on Register

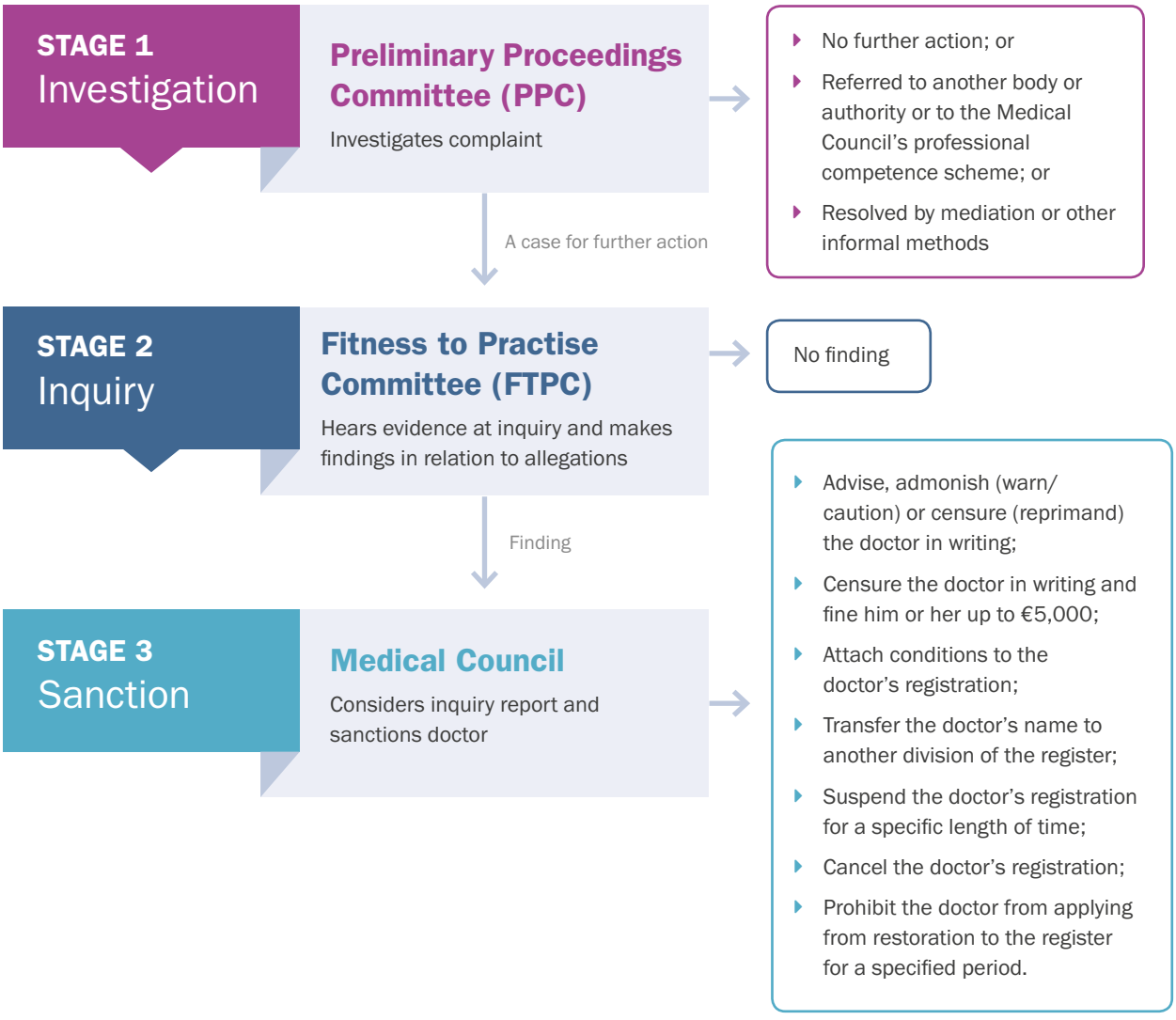
Professional Standards

The main functions of the Professional Standards team are to support the work of the Preliminary Proceedings Committee (PPC), the Fitness to Practise Committee (FTPC), and the Monitoring Committee.

The team liaises with complainants and registered medical practitioners about complaints filed for review by the PPC, and organises Fitness to Practise hearings into the conduct, fitness to practise, poor professional performance, or relevant medical disability of registered medical practitioners.

The team also prepares documentation for each PPC and FTPC meeting, deals with the correspondence following those meetings, and drafts the arising minutes for approval. The Professional Standards staff deal with complaints, doctors and doctors' legal representatives on a daily basis, as well as drafting guidelines required under their legislation and carrying out investigations on the direction of the PPC.

The Complaints Process at a Glance



Case Studies

The Professional Standards Team often receive queries from medical practitioners about what might constitute grounds for complaints, and how these complaints might progress. Below are some example case studies based on actual complaints received and investigated by the PPC.

Case Study A

The complainant, a Senior House Officer, or non-consultant doctor, submitted a complaint against a registered medical practitioner who was a senior consultant. The complainant stated that he witnessed multiple occasions of inappropriate behaviour on the part of the consultant during a period of time in 2017. The complainant stated that these instances of inappropriate behaviour included remarks regarding maternity leave, remarks regarding the gender of NCHD staff working for him, and remarks regarding various instances of sexual behaviour.

The complainant sought to withdraw the complaint after a period of time, however, due to the serious nature of the allegations, the Preliminary Proceedings Committee decided to proceed as if the complaint had not been withdrawn.

The Preliminary Proceedings Committee formed the opinion that the complaint should be referred to a professional competence scheme for performance assessment. The Preliminary Proceedings Committee was satisfied that performance assessment should be carried out on the grounds of leadership in the workplace, relationships and team working, leading and managing teams, and working in teams.

Case Study B

The complainants (husband and wife) stated that they took their daughter to a walk-in clinic as she was suffering from a headache, sore throat, high temperature, low energy, coughing and diarrhoea. They allege that the doctor on call was very thorough and asked if the patient had any allergies, to which they replied that their daughter was allergic to penicillin. This was recorded on the complainants' daughter's electronic file. The doctor gave the patient a prescription for Germentin (500/125mg) one tablet, three times daily. The complainants allege that their daughter's temperature rose to 40.1 the following night and when they brought their daughter back to her usual GP it was discovered that the antibiotic prescribed by the on-call doctor contained penicillin.

The doctor responded to the complaint and apologised to the patient and her parents. The doctor accepted that he had a momentary lapse of concentration, which he regretted, and planned to review his prescribing practices.

The Preliminary Proceedings Committee noted the apology from the doctor to the family for any distress the prescription error caused and agreed that the doctor had learned from this regrettable occurrence.

On the basis of the information before them, the Preliminary Proceedings Committee was satisfied that there was no evidence of professional misconduct or poor professional performance on the part of the doctor and decided that the complaint could be resolved by mediation or other informal means.

Case Study C

The complainant alleged that he attended a medical review at the request of his employer and provided the doctor assessing him with a history of his clinical depression, including that he had been prescribed anti-depressants.

It is alleged by the complainant that during the consultation, the assessing doctor became aggressive, interrupted him and accused him of doing nothing to get well and return to work. As a result of this interaction, the complainant alleged that he experienced severe stress. [In addition, the complainant requested a copy of his documentation from the clinic but he has not yet received them.]

The doctor in question responded to the complaint stating that he regretted that the complainant had an unpleasant experience with him. He noted that for a lot of patients, occupational health assessments can be stressful. The doctor stated that at no time during the consultation had he been aggressive however he apologised if the complainant felt, at any time, that he was aggressive or not empathetic regarding his illness.

The Preliminary Proceedings Committee considered the complaint and formed the opinion that there was not sufficient cause to warrant further action being taken in relation to the complaint, as there was no evidence of professional misconduct or poor professional performance on the part of the assessing doctor. On the basis of all of the information before it, the Preliminary Proceedings Committee noted that the assessing doctor had been requested to carry out an occupational health assessment by the complainant's employer and had expressed his clinical opinion in respect of this assessment.

The Committee further noted that the assessing doctor had extended his heartfelt apologies for the upset and distress caused to the complainant during the assessment and that, arising from the issues raised by the complainant in his complaint, the assessing doctor had taken time to reflect on his approach to all patient assessments so that he could improve his communication style and ensure that he approaches all assessments with greater empathy going forward.

After careful consideration of this matter, the Committee formed the opinion that no further action be taken in relation to the complaint.

Case Study D

The complainant, a doctor, made a complaint against two other doctors at a clinic where she was employed, on the basis of section 65.1 and 65.2 of the Guide to Professional Conduct and Ethics for Registered Medical Practitioners. Her complaint was in respect of the alleged (i) lack of procedure in place to deal with abnormal blood results, allegedly leading to unsafe practices; and (ii) lack of changes implemented by the two doctors despite concerns raised in that respect.

Both doctors replied and confirmed that the patient files referred to in the complaint were checked and they were satisfied with the care provided. Both doctors stated that a Standard Operational Procedure for results management from the clinic had since been put in place.

The matter was considered by the Preliminary Proceedings Committee which formed the opinion that there was not sufficient cause to warrant further action being taken. The Committee noted that a Standard Operational Procedure for results management from the clinic had since been put in place.

Statistics on complaints, findings and outcomes can be found in Appendix C

- Origin of complaints received
- Complaints by gender
- Complaints by divisions of the Register
- Complaints by age range
- Area of Qualifications
- Types of complaints received
- Complaints considered by PPC
- Fitness to Practise Inquiries
  - Inquiries Held
  - Outcomes
  - Public/Private
  - Sanctions imposed
  - Legal representation
  - Reasons for private hearings
  - Section 60 applications
  - Monitoring Committee
  - Health Committee

Professional Competence

Maintenance of Professional Competence

The Medical Council's duty is to satisfy itself as to the ongoing maintenance of professional competence of registered medical practitioners (RMPs). Doctors on the supervised, general and specialist division of the Register are required to maintain their professional competence.

Professional Competence Schemes (Schemes) operated by Postgraduate Medical Training Bodies were established to facilitate and monitor registered medical practitioners with meeting their MPC requirements.

The focus for the Medical Council in 2018 was to address enrolment in PCS compliance and progress the development of the PCS model to better facilitate engagement in lifelong learning activities relevant to scope of practice.

Advancing the PCS Model

2018 began with an intensive period of consultation between the Medical Council and the Postgraduate Medical Training Bodies (PGTBs). This resulted in the production of operational plans by each Postgraduate Medical Training Body. Deliverables in the operational plans focused on:

- Proactive messaging about Maintenance of Professional Competence (MPC) requirements;
- Ensuring that management of non-compliance is risk-based;
- Facilitating doctors with MPC activity management;
- Utilising research and evidence to improve practice;
- Encouraging doctors to participate in reflective practice (peer reviews, professional development plans);
- Quality assurance of Continual Professional Development (CPD) activities;
- Tailoring CPD based on doctors' needs.

Managing Compliance

The Medical Council continues to monitor and assess that registrants are enrolled in and complying with the requirements of a specified professional competence scheme. The focus for 2018 was to ensure registered doctors are enrolled on Schemes. Targeted action improved enrolment rates to 99%.

The PGTBs for the first time also provided names of doctors who have failed to record any CPD activity for three consecutive years. The Medical Council has commenced proportionate regulatory intervention following receipt of this information. The Medical Council, PGTBs and employers all have a responsibility to support and monitor doctor's compliance with their continuing professional development requirements.

Safe Start

The Medical Council developed a resource through the Safe Start Initiative for RMPs who are new or returning to practice in Ireland. This resource, which is available online and in booklet form, was designed to help doctors settle into practice and provide a range of CPD opportunities to facilitate this. These include consent, prescribing, end of life care, medical record keeping, professional conduct and ethics, communications and doctors' wellbeing. It is available at https://www.medicalcouncil.ie/safestart

Performance Assessment

Performance Assessment is a process whereby a doctor participates in an independent assessment of their performance within the wider context of their practice. The process seeks to look at current practice, identify areas of development and to support the doctor's development through an Action Planning process. The assessment activities focus on the eight domains of good professional practice.

Performance Assessment uses a team of independent, trained assessors (both medical and non-medical) to conduct a tailored assessment which can include; the doctor's knowledge and skills, the application of knowledge and skills, observation of practice, the impact of workplace factors on practice, and patient and peer feedback.

The truth is really quite simple. I had become so busy with seeing patients that I had lost the ability to see the wood for the trees. I have been given an opportunity to develop my entire life, professional and personal, by doing less but by doing it carefully and recording everything and maintaining a good easy reliable filing system for all my patients, past and present. A process that I initially resented has actually resulted in improvements across all of my life. I expect my patients shall benefit from this.

Performance Assessment Participant

The Medical Council participated in a number of events throughout 2018. Here is a snapshot of some of our activities.

Pavee Point Representatives Molly, Mary and Brigie Collins with Ms Margaret Murphy, at the launch of the multi-lingual patient safety booklet. The booklet is written in clear language and advises patients on how to get the most from a visit to their doctor.

Minister of State for Equality, Immigration and Integration David Stanton, Medical Council CEO Bill Prasifka and Ambassador of Mexico, Ambassador Miguel Malfavon chatting at the launch of the multi-lingual patient safety booklet, which became available in five languages in January 2018.

Copies of our Safe Start guide, which has been designed to aid and support doctors who are either new to medical practice in the Republic of Ireland, or doctors who are returning to practice from overseas

CEO Bill Prasifka addressing the Oireachtas Joint Committee on Health in May 2018 on the topic of medical consultants not on the specialist register.

Pictured with CEO Bill Prasifka following their respective appointments are new Medical Council President Dr Rita Doyle and returning Vice-President Dr Anthony Breslin.

Dr Rita Doyle met with RCSI medical students, sisters Monica and Niveta Ramakrishnan to discuss the Safe Start initiative, which was launched in September 2018.

Pictured speaking in front of the Joint Committee on Health in September 2018 is Council Member, Dr Suzanne Crowe.

Dublin County Sheriff Mr Fergus Gallagher announcing the results of the Medical Council elections, held in March 2018

Education, Training and Professionalism

Accreditation

Review of Standards

The Medical Council sets and monitors adherence to standards for undergraduate, intern and postgraduate medical education and training in Ireland. The World Federation of Medical Education (WFME) Global Standards (2015) have been adopted for undergraduate programmes, whereas the Medical Council has developed its own standards for intern and postgraduate programmes and clinical training sites. In 2018, the Medical Council commissioned Health Care Informed (HCI) to help develop a single framework of standards applicable across the medical education and training spectrum. The aim of the project is to ensure an appropriately integrated approach is taken to regulation across the continuum of professional development; and ensure the standards are sufficiently outcomes-oriented. This is a considerable undertaking and, while progressing well, the project is expected to take 18 - 24 months to complete.

Undergraduate medical education and training

In 2018, the Medical Council conducted re-accreditation visits to three medical schools to assess their direct-entry medical education and training programmes, namely RCSI-Perdana University (Malaysia), Royal College of Surgeons Ireland and University College Dublin Malaysia Campus and Trinity College Dublin.

The Medical Council attended a meeting of the US Department of Education's National Committee on Foreign Medical Education and Accreditation (NCFMEA) in September 2018, when it was determined that the Medical Council's accreditation processes are comparable with those applied in the USA. This facilitates medical schools in Ireland in continuing to receive grant-funded medical students from the USA.

Specialist medical training

On the recommendation of the Medical Council, following a thorough accreditation process, the Minister for Health approved two specialist medical training programmes in 2018, namely Intensive Care Medicine (College of Anaesthesiologists) and Ophthalmic Surgery (Royal College of Surgeons in Ireland).

Twelve programmes applied for re-accreditation in 2018, on expiry of their five-year accreditation. The Council has appointed a new Panel of Assessors of Specialist Training to consider these applications. The Medical Council has also introduced a new annual status reporting process for all accredited specialist medical training programmes.

Clinical Training Sites

The Medical Council visited the Dublin/Midlands and Children's Hospital Groups in November and December 2018. A total of nine clinical training sites underwent a thorough inspection visit and reports of these visits will be published by mid-2019. Reports of the Council's visits in 2017 to a total of nine hospitals in the Saolta University Healthcare Group and the South/Southwest Hospital Group were published in August 2018.

Specialty Recognition

Following an external review of our process in 2017, the Council convened a consultation meeting on enhancements to the process in April 2018 which was well-attended by all postgraduate training bodies, the Department of Health and the National Doctor Training and Planning (NDTP) Directorate of the Health Service Executive. Further input from the Department and NDTP has been ongoing and the process is expected to re-open in early 2019.

Assessor Training Programme

The Medical Council commissioned a comprehensive training programme for all Assessors engaged in the Council's medical education and training accreditation and inspection activities. The new programme was launched in September 2018 and will be available on an ongoing basis for Assessors to attain and maintain these essential skills.

Anatomy

The Medical Council maintains a database of anatomy donors and 135 donations were made to medical schools in Ireland during 2018. This was an increase of 25 in comparison with 2017 when 110 donations were made.

The Council's Inspector of Anatomy, accompanied by Council representatives, inspected one Anatomy Department in 2018, namely University College Cork.

Medical School	No. of anatomical donations
National University of Ireland Galway	33
Royal College of Surgeons in Ireland	43
Trinity College Dublin	10
University College Dublin	24
University College Cork	25
Total	135

Ethics and Professionalism

In May 2018, the Medical Council published updated guidance for doctors on appropriate relationships with industry, including pharmaceutical and medical device companies and other industry bodies.

Research

The Workforce Intelligence Report citing 2016/17 retention data has been completed and there are plans to launch it in early 2019. This report incorporates data generated by doctors voluntarily withdrawing from the register for the first time and gives an insight into divisional and country of basic medical qualification differences in recruitment and retention challenges in Ireland. The most recent 2018 data has also been collated and this is being explored with a view to a report being drafted to complement this, with a focus on supply and demand for practice areas in the Irish workforce. High-level workforce data was shared with the Minister for Health at a meeting held in November last year with a view to effecting changes in workforce planning in a legislative and practical context.

In the context of workforce planning, we have attended and contributed to workforce planning events including MacCraith meetings, OECD consultation, National Doctors Training and Planning workforce planning events and workforce safety planning with other regulators at the Health and Safety Authority.

Workforce safety planning with other regulators at the Health and Safety Authority is ongoing, with the research team contributing with data gleaned from the "Your Training Counts" and Educational Site inspection reports.

A member of the research team continues to represent the Medical Council at MacCraith meetings, with a view to improving the quality of postgraduate medical training in Ireland. The group last met on the 12th December and the 8th progress report citing all actions undertaken in collaboration between February and June 2018 was published in December and can be seen at https://bit.ly/2EEJLmt.

A major piece of research was undertaken by Council in collaboration with our research partners, led by UCC's Medical Education Unit in June, through July and August. This focused on doctors' perspectives on Maintenance of Professional Competence in Ireland. There was a high level of engagement with this research piece and doctors provided much useful, constructive feedback to be considered. The research team continues to work with the UCC Maintenance of Professional Competence research team in data sharing to inform the later stages of their investigation into doctor perspectives regarding this element of their professional life and it is hoped to share findings soon.

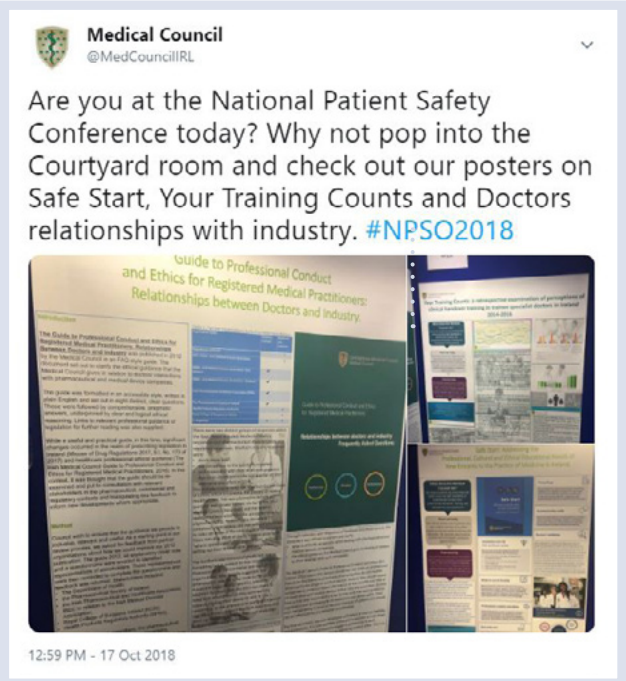
The research team attended and presented Medical Council patient safety initiatives including SafeStart, Doctors in Industry renewed guidance and data mining of previous "Your Training Counts" findings at the National Patient Safety Conference in Dublin Castle in October. They also attended RCSI's Inaugural Conference regarding Professionalism with a focus on why it matters for patient safety, quality and risk.

A report delving into the handling of complaints throughout the period of the previous Council has been drafted and is currently under review by the executive. This triangulates analysis of qualitative and quantitative data gathered from the public, doctors and complainants, along with sanctions data and placed in the national and international context, with a view to informing actions going forward as a regulator that both protects patients and supports doctors appropriately. Sanctions data has been shared with the Minister for Health.

The "Your Training Counts" data has been analysed, with an emphasis on wellbeing measures. A report has been prepared for launch and findings raise further questions regarding wellbeing, adverse events and bullying reported by trainees. The survey is being reshaped to take into account scale validity and an increased research focus on doctor supports, for launch with a view to data gathering in 2019. An abstract regarding doctor supports from this data was submitted and accepted for presentation at Irish Network of Medical Educators (INMED) 2019. At this Annual Scientific Meeting, six Research in Medical Education grants supported by the Medical Council will be launched and an additional, larger-scale project that examines wellbeing in doctors and access to supports will also be launched pre-call. This will both address our strategic wellbeing focus and foster capacity building in Medical Educational research in Ireland.

The research team analysed, collated and presented data collected in a consultation undertaken with registered medical practitioners and key stakeholders regarding changes to the 8th Edition of the Guide to Professional Conduct and Ethics for Registered Medical Practitioners (2016) in light of the repeal of the 8th Amendment to the Constitution. Work is ongoing with the Ethics Working Group in drafting changes that will impact on the practice of doctors in this area.

A member of the research team is also to represent the Medical Council on the Department of Health / CSO Health Data Liaison Group. The Group will play an important role in assessing the needs of key users of health data and developing the statistical potential of data sources in this field. It will also facilitate the effective exchange of information on all areas of health data between the main producers and users of such data going forward.



Corporate Services

Information and Communications Technology (ICT)

The ICT Department had a busy and project intensive year in 2018. Delivery of key infrastructure projects allowed us to meet the changing demands of the Medical Council and offer flexible working options for our staff and stakeholders. We have set the foundation to meet the ICT needs of the Medical Council for the foreseeable future.

ICT succeeded in implementing 25 key infrastructure projects during the year to enhance the ICT infrastructure, with associated policies and procedures. Some of these projects included:

- Implementation of new Business Continuity Procedure
- Rolling out a new ICT Communications Infrastructure
- Implementing a new phone system
- Rolling out new hardware
- Implementing new security protocols and appliances

ICT acted as an internal project management function and advisor for other business units and were involved in many cross divisional projects including: -

- Council Elections for the New Council
- Time & Attendance System
- Finance System Enhancements
- Paperless Inquiries for the Fitness to Practise inquiries
- E-Working and Remote Working Project
- Offsite Meeting Space

To deliver on key strategic projects and goals, the ICT Department has stabilised during the year and are performing well.

With the help of the Procurement Department, all ICT third party contracts were reviewed and where appropriate, a tendering schedule has been agreed.

During 2018, key support contracts have been put in place, to allow ICT manage threats effectively while providing secure services to our customers.

A highly productive and effective year ended with a temporary change in the ICT reporting structure, now reporting to the Director of Registration.

Information Governance

May 2018 saw the implementation of the General Data Protection Regulation (GDPR) across the European Union and the implementation of the associated Data Protection Act 2018 in Ireland. This new legislation was the most significant change to data protection legislation in decades. The GDPR is a new set of rules designed to give people in the European Union greater control over their own personal data. The Medical Council, like all organisations that process the data of individuals, took measures to prepare for the changes by establishing a GDPR Steering Group, updating all relevant policies and procedures, adding information on data protection to the Medical Council website, updating the intranet with additional information and rolling out data protection training to all staff. Business as usual continued, and the Information Governance team processed eight requests for personal information under data protection legislation in 2018. Three of these were received pre - GDPR and five of these were received post GDPR.

As a public body, the Medical Council also handles requests for information under Freedom of Information legislation. 73 Freedom of Information requests were received in 2018, an increase of 23 requests from the previous year. Of the 73, there were 39 requests for personal information and 34 requests for non - personal information.

Communications

Engagement continued to play a key focus in 2018. The Communications team hosted information stands at a number of conferences and hosted other events. The Medical Council appeared on three occasions before the Oireachtas Committee on Health and the Public Accounts Committee, highlighting the role of the Council on topics such as consultants not on the Specialist Register, open disclosure and ethical guidelines. Engagement on these, and other, issues continued with Oireachtas members throughout the year.

A number of publications were launched throughout the year, including our multi-lingual patient safety booklet, the Safe Start booklet, Inspection Reports in Clinical Training Sites, Guidance for Registered Medical Practitioners on Relationships between Doctors and Industry and Maintenance of Professional Competence - Report of Progress 2011 – 2018.

2018 was a busy year in terms of media engagement, with significant media coverage stemming from high profile inquiries and High Court rulings.

There was an increase of 5.36% in unique visitors to the Medical Council website in 2018 with 437,868 visitors to the site. There has also been significant growth in social media following and levels of interaction on the previous year.

Human Resources

We ended the year with 78 employees, having carried out a number of recruitment processes during 2018. All Human Resources policies and procedures were revised and updated in line with current guidelines throughout the year.

There was a strong focus on training and development with resilience coaching and training, communications, dignity at work and mentoring. We also continued with our Leadership Development programme.

A new employee engagement group was established, and we continued with our wellbeing initiatives.

Procurement & Facilities

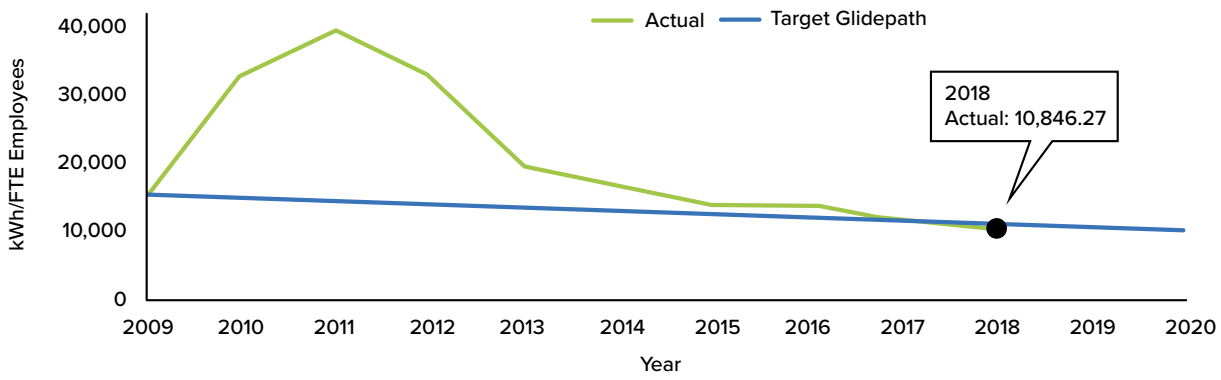
The Procurement & Facilities team has undergone significant change in 2018 with a newly established team supporting operational and strategic functions within this area.

A number of key procurements were delivered by the in-house procurement team as well as utilising available OGP frameworks in 2018. These services and supplies included a Legal Services Framework, Ergonomic Solutions, Telephony, ICT Hardware and Software, Professional Services for a Review of Standards, Delivery of Assessor Training, Website Maintenance & Support, Strategic Planning and Public Relations.

Key Facilities Management Items delivered during 2018 include:

Active management of energy consumption resulted in a further reduction on 2017 figures bringing the Medical Council below the SEAI glidepath for attaining the 33% goal by 2020. Development of an organisation-wide Energy Awareness campaign is expected to show benefits in 2019.

Energy Performance Indicator



The Council's first Corporate Social Responsibility (CSR) Statement was published in August 2018 with four core pillars confirming our commitment to the development of a positive workplace and organisation. With this commitment, the implementation of the Conscious Cup campaign rolled out across the organisation in September 2018 and further undertakings to identify and reduce single-use disposables, increase recycling and reduce waste across the supply chain are expected to be realised in early 2019.

Finance

During 2018 the Finance team continued to manage the Council's financial resources in line with all legislative and governance requirements applying best practice to the governance of its financial affairs. The team have monitored the resources of the Council through the use of budgeting and ongoing forecasting and worked closely with the Audit Finance and Risk Committee to ensure the Council was fully informed throughout the year.

The Finance team have implemented all necessary changes in Public Sector circulars and legislation in relation to payroll, expenses and financial transactions in a timely and efficient manner throughout the year.

The Finance team were involved in an administration project established by the Department of Public Expenditure and Reform. The purpose of this project was to agree and develop a process for the administration of the Single Public Sector Pension Scheme (SPSPS) introduced in January 2013. The Finance team took part in a test pilot in Q2 2018 for the collation and submission of pension data in relation to the scheme to assist with the overall data collection process rolled out to all Public Sector bodies in 2018.

Risk Management

Chief Risk Officer: Niamh Muldoon

Introduction

The Medical Council recognises the importance of adopting a proactive approach to the management of risk, to support both the achievement of objectives and compliance with statutory and governance requirements.

The Council is committed to ensuring that risk management is embedded both as part of normal day to day business, and informs the strategic, business and operational planning and performance of the organisation.

To this end, the Medical Council is dedicated to effectively managing its risk on a formal basis, and in pursuit of this objective, the Council has set out a generic framework consisting of a series of simple but well-defined steps to support ongoing risk management, to raise the awareness of risk and the need to manage it consistently and effectively across all levels of the organisation.

Risk management is the identification, assessment, and prioritisation of risks followed by coordinated and proportionate application of resources to control the impact of events or to maximise opportunities.

The risk management framework in operation within the Medical Council is designed to support the ongoing monitoring, review and management of risks and was developed with reference to the Code of Practice for the Governance of State Bodies 2016, ISO 31000 Risk Management standards and other published guidance for risk management in the public and private sector.

Role of the Board of Council and Committee: Audit, Finance and Risk

The Board of the Medical Council leads on the appetite, tolerance and management of risk, with the support of the Audit, Finance and Risk Committee, which oversees the quarterly risk register reports. The risk register is designed to identify, manage and mitigate potential material risks to the achievement of the Council's strategic and business objectives. A sectional Risk Register is compiled by each section of the Medical Council administration, and coordinated and reported to the Audit, Finance and Risk Committee and the Medical Council, by the Chief Risk Officer.

The level of risk tolerance and appetite by the Medical Council is explained below. A sample of the principal risks and uncertainties facing the Council in the short to medium term are also set out below, together with the principle measures in place to mitigate against such risks. This is not an exhaustive statement of all relevant risks and uncertainties. The mitigation measures that are maintained in relation to these risks are designed to provide a reasonable, but not absolute, level of protection against the impact of the events in question.

Risk Appetite

Risk appetite refers to "the amount of risk that an organisation is prepared to accept, tolerate, or be exposed to at any point in time".

The Medical Council, as any organisation, must accept an element of risk across its activities. However, as a public interest organisation, the Medical Council will seek to mitigate risk as far as possible. Its key role is to protect the interests of the public when dealing with medical doctors and as such, its risk appetite is generally low to zero. It recognises however, that to successfully deliver on its mission, to enhance its public service role and provide a greater return to key stakeholders, it must be prepared to avail of opportunities where the potential reward justifies the acceptance of a certain level of additional risk. In recognition that risk may arise at multiple levels in varying forms, from taking strategic decisions to implementing supporting actions, a risk register is compiled at regular intervals throughout the year, and reported to the Audit, Finance and Risk Committee, and the Council.

The Medical Council has set a number of guiding risk appetite statements across the following risk categories:

Category	Assessment	Risk Appetite Guiding Statements
Strategic	Medium Risk Appetite	The Council's key role is to protect the interests of the public when dealing with medical practitioners. Its principle roles in doing so are: ▸ assuring the quality of undergraduate education of doctors ▸ assuring the quality of postgraduate training of specialists ▸ registration of doctors ▸ disciplinary procedures ▸ guidance on professional standards / ethical conduct ▸ professional competence The Council will take opportunities where considered justified by the potential economic and societal rewards, despite a greater level of inherent risk. Its risk appetite in relation to certain new strategic and policy decisions is **generally low,** due to its critical public interest role. However, in certain circumstances where the need for a progressive change or advancement is deemed appropriate the risk appetite will be **medium.** Any such actions require consideration and approval by the senior management team and the Council. The organisation will in all such cases seek to mitigate the inherent risks in the implementation of these decisions, to the extent possible.
Finance & Funding	Medium Risk Appetite	The Medical Council is funded almost exclusively by the annual payments of registered doctors; no funds are received from government or other sources. Its funding arrangements are as such relatively stable and allows for an element of long term strategic planning. Its risk appetite in this area reflects its strategic risk appetite and is generally **low to medium.** The Council will maintain its high financial stewardship standards and will continue to ensure that financial commitments do not exceed available resources. Its risk appetite in relation to financial stewardship is **low.**
Reputational	Medium Risk Appetite	As the Council's key role is to protect the interests of members of the public in their dealing with medical doctors it is important that there is confidence in the integrity of its activities and processes and that it is seen to offer a tangible return to all its stakeholders. Its risk appetite in relation to perceived failures in this area is generally **low.** The Medical Council recognises that it must always be conscious of its critical public duty but that in certain cases it may be necessary to advance unpopular initiatives or take unpopular stances where it is considered appropriate in the interests of protecting the public. Its risk appetite in this area is generally **medium.**
Operational	Low Risk Appetite	Operational includes the management of its principle roles as described above and also the management of all support functions which enable the fulfilments of its principle roles. The Council has developed a comprehensive and rigorous framework including policies and procedures to support operational management and as such its appetite for risk in this area is generally **low.**
Compliance	Zero Risk Appetite	The Council defines policies and procedures to support its legal and compliance requirements. The Council expects full compliance, and will avoid any risk or uncertainty in this area. As such its risk appetite in the category of compliance is generally **zero.**

SNAPSHOT OF KEY RISKS AS OF NOVEMBER 2018

Regular reports are provided to the Audit, Finance and Risk Committee and Council on the principal risks facing the organisations. A summary of some of the key risks as at November 2017 is provided below:

Personnel / Workforce Planning

An inability to fill vacant roles without Department authorisation has led to a loss of skill and increased workload for remaining staff. This has presented challenges in a number of areas and effected operational efficiency in 2018.

Implications for 2019 – It will be imperative that vacant posts are filled as soon as possible in 2019 to ensure efficiency within the organisation and counter an increasingly competitive employment market, and the Medical Council will continue to work with the Department of Health to develop a more sustainable approach to manpower planning.

Legal and Regulatory Compliance / Legislative Developments

Implications for 2019 – the Medical Council will seek to work closely with the Department of Health in 2019 to inform legislative developments and seek changes where it believes it is in the interests of patients and doctors.

Finance

The Medical Council has noted as a standing risk item the exposure to significant Pension Liabilities leading to long term funding challenges. Whilst the Council is not alone in this challenge we are seeking clarity and support from the relevant government departments as to how best we meet these commitments.

Complaints & Fitness to Practise

The Medical Council's complaints systems are designed to address issues with doctors' fitness to practise in order to best protect the public. Systems must operate within a strict legislative framework with decisions open to legal challenge. There is a reliance on others, not only to notify the Medical Council of potential issues with doctors' practise, but to assist and facilitate this office in their efficient investigation and consideration of complaints and inquiries. There is an ongoing risk that the Medical Council is not well informed, or not in a position to take action or investigate a matter as quickly as it may wish.

Implications for 2019 – The Medical Council will continue to engage with employers, hospitals and colleagues within the health system so that concerns about doctors are addressed at the appropriate level within the health system, and that the Medical Council can benefit from co-operation and efficiency from all parties when investigating a matter. Suggested legislative amendments will be progressed with the Department of Health with a view to ensuring that the legal framework underpinning complaints systems is as robust as possible.

Professional Development and Practice

The Medical Council is only one of multiple parties in the health environment responsible for patient safety. Therefore there is a risk that the Medical Council could be held accountable incorrectly or in isolation for patient safety issues as they arise. This is particularly so where the scope as defined by the Medical Practitioners Act 2007 is prescriptive and explicit in its regulatory function, and as such is only one element in promoting and maintaining patient safety.

This relates to the matter of the HSE employing doctors, not on the Specialist Register, in Consultant roles and was reflected as a risk in both the Registration and Communications risk registers. The clear understanding of the role, remit, functions and limitations of the role and influence of the Medical Council in such matters is an on-going matter, reflected in the Corporate Risk Register, given its impact across all sections of the organisation.

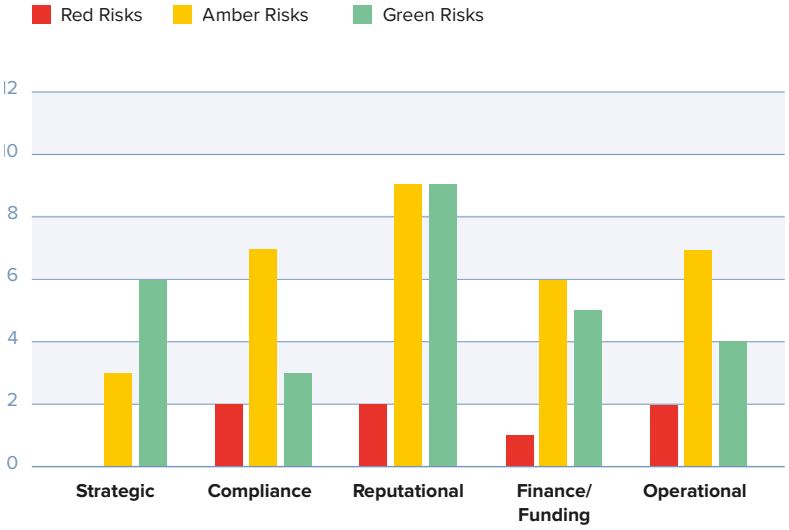
Corporate Services / Office Accommodation

Spatial limitations of the current premises has a direct impact on organisational development, with operational implications and risk to future position of organisation.

In addition, an organisation wide risk relating to the office and facilities accommodation is reflected under the Procurement & Facilities risk register, and the Corporate risk register. Accommodation review is on-going in conjunction with the appointment of a Property Acquisition Group to review matters, to ensure adequate and fit for purpose accommodation is available.

Categorisation of all Risks on the register November 2018

Categorisation of Risks by ranking November 2018



66 Total Items on Risk Register November 2018

Financial Statements

Council Members and Other Information

January – May 2018

President	Professor Freddie Wood	
Vice President	Dr Anthony Breslin	
Chief Executive Officer	Mr William Prasifka	
Council	Professor Freddie Wood	Mr Seán Hurley
	Dr Audrey Dillon	Professor Alan Johnson
	Dr Anthony Breslin	Mr John Nisbet
	Ms Katharine Bulbulia	Professor Mary Leader
	Ms Anne Carrigy	Professor Colm O'Herlihy
	Dr Seán Curran	Dr Michael Ryan
	Dr Rita Doyle	Ms Cornelia Stuart
	Ms Mary Duff	Dr Bairbre Golden
	Professor Fidelma Dunne	Mr Fergus Clancy
	Dr Ruairi Hanley	Ms Catherine McKenna
	Mr Tom O'Higgins	Dr John Barragry
	Ms Vicky Blomfield	Ms Margaret Murphy
	The current term of office for the Medical Council began on 1st June 2013 when the 8th Council took office.	

Offices	Kingram House Kingram Place Dublin 2
Auditors	Comptroller & Auditor General 3A Mayor Street Upper Dublin 1
Bankers	Bank of Ireland Rathmines Road Rathmines Dublin 6
Solicitors	McDowell Purcell The Capel Building Mary's Abbey Dublin 7

Council Members and Other Information

June – December 2018

President	Dr Rita Doyle	
Vice President	Dr Anthony Breslin	
Chief Executive Officer	Mr William Prasifka	
Council	Dr Rita Doyle	Ms Alison Lindsay
	Dr Anthony Breslin	Professor Marina Lynch
	Dr John Barragry	Dr Erica McGuire
	Ms Teresa Bulfin	Ms Margaret Murphy
	Dr Thomas Crotty	Dr Maeve Moran
	Dr Suzanne Crowe	Dr Aoife Mullally
	Dr Marcus De Brun	Mr Joe O'Donovan
	Mr John Gleeson	Mr Tom O'Higgins
	Ms Mary Duff	Mr Jim O'Sullivan
	Professor Fidelma Dunne	Professor Mary O'Sullivan
	Mr Paul Harkin	Ms. Catherine McKenna
	Professor John Hyland	Ms. Vicky Blomfield
	Professor Mary Leader	
	The current term of office for the Medical Council began on 15th June 2018 when the 9th Council took office.	

Governance Statement and Council Members' Report

Governance

The Medical Council was established under the Medical Practitioners Act 1978 (updated in 2007). The functions of Council are set out in section 7 of this Act. The Council is accountable to the Minister for Health and is responsible for ensuring good governance and performs this task by setting strategic objectives and targets in addition to making strategic decisions on all key business issues. The regular day to day management, control and direction of the Medical Council is the responsibility of the Chief Executive Officer (CEO) and the senior management team. The CEO and the senior management team must follow the broad strategic direction set by the Council, and must ensure that all Council members have a clear understanding of the key activities and decisions related to the entity, and of any significant risks likely to arise. The CEO acts as a direct liaison between the Council and management of the Medical Council.

Council Responsibilities

The work and responsibilities of the Council are set out in the Governance Framework and the Terms of Reference, which also contain the matters specifically reserved for Council decision. Standing items considered by the Council include:

- declaration of interests,
- reports from committees,
- financial reports/management accounts,
- performance reports, and
- reserved matters.

Section 32 of the Medical Practitioners Act 2007 requires the Council to keep, in such form as may be approved by the Minister for Health with consent of the Minister for Public Expenditure and Reform, all proper and usual accounts of money received and expended by it.

In preparing these financial statements, the Council is required to:

- select suitable accounting policies and apply them consistently
- make judgements and estimates that are reasonable and prudent
- prepare the financial statements on the going concern basis unless it is inappropriate to presume that the Medical Council will continue in operation
- state whether applicable accounting standards have been followed, subject to any material departures disclosed and explained in the financial statements

The Council is responsible for keeping adequate accounting records which disclose with reasonable accuracy at any time the financial position of the Medical Council and which will enable it to ensure that the financial statements comply with Section 32 of the Medical Practitioners Act 2007.

The Council is responsible for approving the annual plan and budget. An evaluation of the performance of the Medical Council by reference to the annual plan and budget was carried out in February 2019.

The Council is also responsible for safeguarding the assets of the Medical Council and hence taking reasonable steps for the prevention of fraud and other irregularities.

The Council considers that the financial statements of the Medical Council give a true and fair view of the financial performance and the financial position of the Medical Council at 31 December 2018.

Governance Statement and Council Members' Report (continued)

Council Structure

The Council consists of a President, Vice President and twenty three ordinary members, all of whom are appointed by the Minister for Health. The majority of members of the Council appointed were for five years however there were some members with three year terms. The Council meets on a bi-monthly basis. The table below details the appointment period for current members:

Council Member	Role	Appointed
Dr Rita Doyle	President	15/06/2018
Dr Anthony Breslin	Vice President	15/06/2018
Dr John Barragry	Ordinary Member	15/06/2018
Ms Vicky Blomfield	Ordinary Member	15/06/2018
Dr Erica McGuire	Ordinary Member	15/06/2018
Mr Tom O'Higgins	Ordinary Member	15/06/2018
Ms Catherine McKenna	Ordinary Member	15/06/2018
Professor John Hyland	Ordinary Member	15/06/2018
Professor Mary O'Sullivan	Ordinary Member	15/06/2018
Ms Teresa Bulfin	Ordinary Member	15/06/2018
Dr Thomas Crotty	Ordinary Member	15/06/2018
Dr Suzanne Crowe	Ordinary Member	15/06/2018
Dr Marcus de Brun	Ordinary Member	15/06/2018
Mr John Gleeson	Ordinary Member	15/06/2018
Ms Mary Duff	Ordinary Member	15/06/2018
Professor Fidelma Dunne	Ordinary Member	15/06/2018
Mr Paul Harkin	Ordinary Member	15/06/2018
Mr Jim O'Sullivan	Ordinary Member	15/06/2018
Ms Alison Lindsay	Ordinary Member	15/06/2018
Professor Marina Lynch	Ordinary Member	15/06/2018
Ms Margaret Murphy	Ordinary Member	15/06/2018
Dr Maeve Moran	Ordinary Member	15/06/2018
Dr Aoife Mullally	Ordinary Member	15/06/2018
Mr John Murray	Ordinary Member	15/06/2018
Mr Joe O'Donovan	Ordinary Member	15/06/2018

The 2013-2018 Medical Council concluded its term in May 2018 and a new Council commenced its term in June 2018. A review of the Medical Council Committees was undertaken by the new Council and were restructured in some cases to improve the effectiveness and efficiency of the Committees.

Governance Statement and Council Members' Report (continued)

The Medical Council has established ten Committees, as follows:

1. Audit, Finance & Risk Committee

3 meetings held in 2018

The Audit, Strategy & Risk Committee was chaired to the end of the 2018 term by Mr Seán Hurley and monitored the integrity of the financial statements, reviewed the internal control and risk management systems and lead on the financial development of the Medical Council. The committee comprised of eight Council members and two external members. There were two meetings of the ASRC up to June 2018.

Following the appointment of a new Council in June 2018, the Committee was renamed the Audit, Finance and Risk Committee. Mr Joe O'Donovan was appointed as Chair and adopted the principles of the previous Committee. The new committee is comprised of seven Council members and two external members. The AFRC met once in the latter half of the year. The Committee is now comprised of five Council members and three external members.

2. Preliminary Proceedings Committee

9 meetings held in 2018

The Preliminary Proceedings Committee is established under Section 20(2) of the Medical Practitioners Act 2007 to consider initial complaints and was chaired by Ms Anne Carrigy. The committee then comprised of six Council members and ten external members. There were five meetings of the PPC in 2018 under the 2013 – 2018 Council term. Under the new Council, Dr Thomas Crotty took over as Chair and the Committee is comprised of nine Council members and nine external members. The reformed PPC has met four times under the new Council term.

3. Fitness to Practise Committee

The Fitness to Practise Committee is established under Section 20(2) of the Medical Practitioners Act 2007 to hold Inquiries into complaints and was chaired by Dr Michael Ryan up to the end of the Council term in 2018. Inquiries are heard by a Fitness to Practise "Panel" which is made up of three members of the Fitness to Practise Committee, two non-medical members and one doctor. The Chairperson of the Inquiry Panel is a member of the Medical Council and is responsible for making sure that the inquiry is conducted in accordance with fair procedures. Following the appointment of a new Council in June 2018 Ms Mary Duff took over as Chair. While there were no committee meetings, 12 Inquiries were held under the former Council term and 21 Inquiries were held post June 2018. Out of a total of 33 Inquiries, 29 are completed and four are currently standing adjourned.

4. Registration and Continuing Practice Committee

4 meetings held in 2018

Key to the Council's role is the maintenance of the Register of medical practitioners, entry to which permits doctors to practise in Ireland. The Registration and Continuing Practice Committee was and continues to be chaired by Dr Anthony Breslin and advises the Council on policy and statutory frameworks governing entry to the register and continuing registration of doctors. The Committee comprised of five Council members and seven external members under the previous Council and following a Committee review is served by four Council members and six external members. There were three meetings of the RCPC up to June 2018, with one meeting held under the new Council term.

Governance Statement and Council Members' Report (continued)

5. Education, Training and Professional Development Committee / Education and Training Committee

4 meetings held in 2018

The training needs of tomorrow's doctors and ongoing education requirements of those currently registered is overseen by the Education, Training and Professional Development Committee. The ETPDC was chaired by Dr Colm O'Herlihy up until the end of the Council Term in May 2018. The Committee comprised of six council members and four external members. There were three meetings of the ETPDC in 2018.

Following the appointment of the new Council, Dr Aoife Mullally was appointed as Chair of the Committee, renamed as the Education and Training Committee and met once in 2018. The Committee continue to focus on the ongoing medical education.

6. Ethics and Professionalism Committee

2 meetings held in 2018

The Ethics and Professionalism Committee has been established to support the Council's work in supporting the profession's adherence to best international medical practice. The EPC was chaired by Dr Audrey Dillon. The committee comprised of eight council members and three external members. There were two meetings of the EPC in 2018 and wound up with the outgoing Council. Under the 2018 – 2023 term of the new Council the EPC was not re-established, however an Ethics Working Group was set up to consider the changes to the 8th Amendment, and to consider the effects on the Ethical Guide.

7. Strategy and Governance Committee

4 meetings held in 2018

The Strategy and Governance Committee (SGC) was established by the Medical Council with effect from 11th June 2018. The SGC has adopted a corporate governance regime in accordance with best practice. The SGC is chaired by Mr Paul Harkin. The purpose of the Committee is to steer the Statement of Strategy project to completion; to monitor and review the implementation of the Strategy via annual Business Plans; to monitor and ensure compliance with Governance requirements and best practice; to react to escalated governance issues such as Council member complaints etc; to be responsible for the nominations and appointments of members to relevant Committees and Groups (formerly the Nominations & Development Committee); and to steer a Learning and Development programme for Council, Committees and Groups. The Committee is comprised of five Council members and met four times in 2018.

8. Health Committee

6 meetings held in 2018

The Health Committee's primary role is that of supporting the maintenance of registration and appropriate monitoring of doctors with identified health problems, but where there is no patient risk that could be subject of a complaint to the Preliminary Proceedings Committee. The Committee is comprised of both medical personnel (primarily GP's and psychiatrists) and non-medical members, who are involved in the healthcare / medical sector. Dr Rita Doyle was the Chair to the end of the previous Council term and three meetings of the Health Committee were held up to end of June 2018. Dr Doyle was reappointed as the Chair under the new Council term, and the Committee continues its work, having held a further three meetings to the year end.

Governance Statement and Council Members' Report (continued)

9. Monitoring Committee

5 meetings held in 2018

The Monitoring Committee reports to the Medical Council as to the compliance or not by a medical practitioner with the conditions attached to his/her registration pursuant to sections 53(3) and/or 71(c) of the Medical Practitioners Act, 2007. The Committee produces and reviews a bank of conditions to assist the Fitness to Practice Committee and Medical Council when attaching conditions to a medical practitioner's registration. The Committee was chaired by Dr Ruairi Hanley under the former Council. The committee comprised of one Council member and seven external members. There were three meetings of the Monitoring Committee in 2018 up to June 2018. Under the new Council the Monitoring Committee is chaired by Ms Vicky Blomfield and has met twice up to the year end. The Committee comprises now of one Council member and eight external members.

10. Nominations and Development Committee

1 meeting held in 2018

The President, Professor Freddie Wood was chair of the Council's Nominations and Development Committee which advises Council on the nomination process for appointments to committees and also advise on the provision of induction, training and development for members. The committee comprises four Council members. There was one meeting of the NDC in 2018. The NDC wound up with the outgoing Council, and the core activities were transferred to the newly established Strategy & Governance Committee.

Schedules of all Committee members, sub-committees and review groups is set out in an appendix to the Annual Report.

Governance Statement and Council Members' Report (continued)

Schedule of Attendance, Fees and Expenses

A schedule of attendance at the Council and Committee meetings for 2018 is set out in an appendix to the Annual Report while the fees and expenses received by each member is set out below:

Council Member	Allowance 2018	Expenses 2018
R Doyle	9,833	336
A Breslin	-	5,112
J Barragry	7,696	80
A Carrigy	3,848	140
F Clancy	3,848	-
K Bulbulia	3,848	1,778
T Bulfin	3,848	1,407
A Dillion	3,848	99
B Golden	3,848	74
R Hanley	3,848	85
S Hurley	3,848	234
A Johnson	3,848	38
T Crotty	-	-
S Crowe	-	-
M DeBrun	-	-
J Gleeson	3,848	-
M Duff	7,696	620
M Kehoe O'Sullivan	-	-
F Dunne	-	421
S Curran	-	-
P Harkin	-	-
J Hyland	3,848	-
A Lindsay	3,848	-
M Lynch	-	-
M Murphy	3,848	186
M Moran	-	-
A Mullally	-	-
J O'Donovan	3,848	1,338
J Murray	3,848	2,642
C O'Herlihy	3,848	-
M Ryan	3,848	-
T O'Higgins	7,696	63
F Woods	5,985	-
E Maguire	-	-
J O'Sullivan	-	-
C McKenna	-	-

Governance Statement and Council Members' Report (continued)

Council Member	Allowance 2018	Expenses 2018
M O'Sullivan	3,848	551
M Leader	-	34
J Nisbet	-	78
C Stuart	-	226
C Walsh	-	-
V Blomfield	-	110
	108,170	15,652

There were nine Council members from the Council for the period January to May 2018 and fourteen members for the period June to December 2018 who did not receive a Council allowance in 2018 under the "One Person One Salary Principle" (OPOS) as listed above.

Governance Statement and Council Members' Report (continued)

As a national regulator the Medical Council is represented by members from widespread geographical areas. The level of Travel & Subsistence received by Council and Committee members is directly proportionate to the individual's geographic location. A number of Committee members sit on more than one committee. The total fees and expenses paid to Committee members in 2018 is set out below.

Committee Member	Allowance 2018	Expenses 2018
A Breslin	-	1,007
T McWade	1,800	-
S McGovern	1,800	-
M Culliton	11,200	986
E Breatnach	3,500	-
J Casey	11,300	106
A NiRiain	12,600	926
A Bulbulia	2,700	1,326
D O'Donoghue	2,100	-
M McGloin	2,100	210
W O'Connell	1,200	-
P O'Carroll	900	-
J Duignan	5,400	15
A Jeffers	600	-
K Beggan	1,500	-
A Quinlan	2,400	208
C McNicholas	5,700	-
R Anderson	5,400	421
V Larkin	4,800	1,584
J Lucey	900	-
M Murphy	5,400	-
F Magee	5,700	-
J Jenkins	7,000	5,649
S McDonagh	300	-
A Cunningham	3,750	570
L Costello	6,000	10
A O'Reilly	5,500	1,605
P Van Dessel	1,000	-
D Quinlan	17,300	3,557
W Jeffers	8,000	-
N Macey	600	221
D Ashe	1,400	-
P Lee	1,000	-
R Ryan	2,000	-
B Healy	6,000	376
J Tattan-Dennis	8,500	-

Governance Statement and Council Members' Report (continued)

Committee Member	Allowance 2018	Expenses 2018
M Henry	10,000	-
C Earley	1,500	-
T O'Neill	2,500	-
M Pine	1,500	-
M Murphy	1,500	172
S Kealy	5,500	351
M Brophy	3,000	-
G Feeney	4,000	571
A McNamara	1,200	-
A Durkan	1,000	-
P Holland	500	-
D Morgan	2,000	70
U Bell	7,500	-
D Mulcahy	5,000	3,632
D Madden	500	-
A Johnson	9,000	38
P O'Dea	1,000	-
A Carrigy	1,500	236
C McCarthy	1,000	-
K Bulbulia	5,500	2,515
P Finucane	-	3,064
H Khalil	-	3,243
D Woods	-	409
M Rhodes	-	2,429
B Lewis	-	8,424
J Bradbury	-	693
M Houston	-	93
P McAvoy	-	827
J Murray	-	1,297
J O'Donovan	-	1,198
T Bulfin	-	746
J Nisbet	-	80
M Murphy	-	103
S Hurley	-	503
F Dunne	-	743
M Duff	-	1,509
C Davies	-	478
A Clarke	-	65
A Gillilan	-	1,667
	222,550	53,933

Key Personnel Changes

There were no resignations from the Council during the year.

The Head of Finance (HoF), Ms. Roseanne Fox was appointed with effect from 1st September 2018.

Disclosures Required by Code of Practice for the Governance of State Bodies (2016)

Council is responsible for ensuring that the Medical Council has complied with the requirements of the Code of Practice for the Governance of State Bodies ("the Code"), as published by the Department of Public Expenditure and Reform in August 2016. The following disclosures are required by the Code:

Employee Salary Breakdown

Employee salaries in excess of €60,000 are categorised in the following bands:

Range of total employee benefits	Number of Employees	
From To	2018	2017
€60,000 - €69,999	7	6
€70,000 - €79,999	4	2
€80,000 - €89,999	0	3
€90,000 - €99,999	3	2
€100,000 - €109,999	2	1
€110,000 - €119,999	0	1
€120,000 - €129,999	1	0

Consultancy Costs

Consultancy costs include the cost of external advice to management and exclude out-sourced 'business as usual' functions.

	2018	2017
	€	€
Business Consultancy	**283,990**	374,098
Communication fees	**27,060**	44,477
IT Consultancy fees	**43,911**	16,900
Legal Consultancy	**75,531**	254,878
Total Consultancy Costs	**430,492**	690,353

Legal Costs and Settlements

The table below provides a breakdown of amounts recognised as expenditure in the reporting period in relation to legal costs.

	2018	2017
	€	€
Legal Expenses		
Legal and professional	**192,427**	172,183
Part V (a) Inquiries	**2,724,026**	2,348,462
Part V (b)High Court & Supreme Court proceedings	**279,664**	399,012
Total	**3,196,117**	2,919,657

Hospitality Expenditure

The Income and Expenditure Account included the following hospitality expenditure:

	2018	2017
	€	€
Staff hospitality	**7,761**	4,783
Committee hospitality	**3,450**	1,042
Total	**11,211**	5,825

Travel and Subsistence Expenditure

Travel and subsistence expenditure is categorised as follows

	2018	2017
	€	€
Staff - Domestic	**27,975**	12,805
Staff - International	**35,348**	14,732
Core Business	**106,466**	125,202
Total	**169,789**	152,739

Core business costs includes travel and subsistence costs for Council members in addition to witnesses and complainants.

Statement of Compliance

The Council has adopted the Code of Practice for the Governance of State Bodies (2016) and has put procedures in place to ensure compliance with the Code. The Medical Council was in full compliance with the Code of Practice for the Governance of State Bodies for 2018.

Approved by the Council on 15th May 2019 and signed on its behalf by

Dr. Rita Doyle
President

Mr. William Prasifka
Chief Executive Officer

Dated: 15th May 2019

Statement on the Internal Control

Scope of Responsibility

On behalf of the Council I acknowledge our responsibility for ensuring that an effective system of internal control is maintained and operated. This responsibility takes account of the requirements of the Code of Practice for the Governance of State Bodies (2016).

Purpose of the System of Internal Control

The system of internal control is designed to manage risk to a tolerable level rather than to eliminate it. The system can therefore only provide reasonable and not absolute assurance that assets are safeguarded, transactions authorised and properly recorded and material errors or irregularities are either prevented or would be detected in a timely way.

The system of internal control, which accords with guidance issued by the Department of Public Expenditure and Reform has been in place in the Medical Council for the year ended 31st December 2018 and up to the date of approval of the financial statements except for the minor internal control weaknesses outlined in the internal audit of controls carried out in December 2018 noted below.

Capacity to Handle Risk

The Medical Council has an Audit, Finance & Risk Committee (AFRC) comprising of seven Council members and two external members, with financial and audit expertise, one of whom is the Chairperson Mr. Joe O'Donovan. The AFRC met three times in 2018.

In conjunction with Deloitte, the Medical Council's internal auditors, the AFRC has developed a risk management policy which sets out its risk appetite, the risk management processes in place and details the roles and responsibilities of staff in relation to risk. Deloitte has been contracted since 2017 for a 4-year term.

The policy has been issued to all staff who are expected to work within the Medical Council's risk management policies, to alert management on emerging risks and control weaknesses and assume responsibility for risks and controls within their own area of work.

Risk and Control Framework

The Medical Council has implemented a risk management system which identifies and reports key risks and the management actions being taken to address and, to the extent possible, to mitigate those risks.

A risk register is in place managed by the Chief Risk Officer which identifies the key risks facing the Medical Council and these have been identified, evaluated and graded according to their significance. The register is reviewed and updated by the AFRC on a regular basis. The outcome of these assessments is used to plan and allocate resources to ensure risks are managed to an acceptable level.

The risk register details the controls and actions needed to mitigate risks and responsibility for operation of controls assigned to specific staff. I confirm that a control environment containing the following elements is in place:

- procedures for all key business processes have been documented;
- financial responsibilities have been assigned at management level with corresponding accountability,
- there is an appropriate budgeting system with an annual budget which is kept under review by senior management,
- there are systems aimed at ensuring the security of the information and communication technology systems;
- there are systems in place to safeguard assets.

Ongoing Monitoring and Review

Formal procedures have been established for monitoring control processes and control deficiencies are communicated to those responsible for taking corrective action and the management and Council, where relevant, in a timely way. I confirm that the following ongoing monitoring systems are in place:

- key risks and related controls have been identified and processes have been put in place to monitor the operation of those key controls and report any identified deficiencies,
- reporting arrangements have been established at all levels where responsibility for financial management has been assigned; and
- there are regular reviews by senior management of periodic and annual performance and financial reports which indicate performance against budgets/forecasts.

Statement on the Internal Control (continued)

Minor weaknesses in internal control were identified in relation to outdated operating procedure documents for 2018. Responsibility for the implementation of all audit recommendations is attributed to the Head of the appropriate section.

A timeline for the implementation of the recommendation is assigned. The Audit Recommendations tracker is updated and reported to the AFRC at each meeting. The Finance team oversee the steps taken to implement the recommendation and report the closure of the audit recommendation to the AFRC.

Procurement

I confirm that the Medical Council has procedures in place to ensure compliance with current procurement rules and guidelines and that during 2018 the Medical Council complied with those procedures.

Review of Effectiveness

I confirm that the Medical Council has procedures to monitor the effectiveness of its risk management and control procedures. The Medical Council's monitoring and review of the effectiveness of the system of internal control is informed by the work of the internal and external auditors, the Audit, Finance & Risk Committee which oversees their work, and the senior management within the Medical Council responsible for the development and maintenance of the internal control framework.

I confirm that the Council conducted an annual review of the effectiveness of the internal controls in 2018, in January 2019.

Internal Control Issues

No significant breaches occurred in 2018.

Signed on behalf of the Medical Council

Dr Rita Doyle
President

Dated: 15th May 2019

Ard Reachtaire Cuntas agus Ciste
Comptroller and Auditor General

Report for presentation to the Houses of the Oireachtas

The Medical Council

Opinion on financial statements

I have audited the financial statements of the Medical Council for the year ending 31 December 2018 as required under the provisions of section 32 of the Medical Practitioners Act 2007. The financial statements comprise

- the statement of income and expenditure and retained revenue reserves
- the statement of comprehensive income
- the statement of financial position
- the statement of cash flows and
- the related notes, including a summary of significant accounting policies.

In my opinion, the financial statements give a true and fair view of the assets, liabilities and financial position of the Medical Council at 31 December 2018 and of its income and expenditure for 2018 in accordance with Financial Reporting Standard (FRS) 102 — *The Financial Reporting Standard applicable in the UK and the Republic of Ireland*.

Basis of opinion

I conducted my audit of the financial statements in accordance with the International Standards on Auditing (ISAs) as promulgated by the International Organisation of Supreme Audit Institutions. My responsibilities under those standards are described in the appendix to this report. I am independent of the Medical Council and have fulfilled my other ethical responsibilities in accordance with the standards.

I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my opinion.

Report on information other than the financial statements, and on other matters

The Medical Council has presented certain other information together with the financial statements. This comprises the annual report, including the governance statement and Council members' report and the statement on internal control. My responsibilities to report in relation to such information, and on certain other matters upon which I report by exception, are described in the appendix to this report.

I have nothing to report in that regard.

Andrew Harkness

For and on behalf of the
Comptroller and Auditor General

21 May 2019

Appendix to the report

Responsibilities of Medical Council members

The governance statement and Council members' report sets out the Council members' responsibilities. The Council members are responsible for

- the preparation of financial statements in the form prescribed under section 32 of the Medical Practitioners Act 2007
- ensuring that the financial statements give a true and fair view in accordance with FRS102
- ensuring the regularity of transactions
- assessing whether the use of the going concern basis of accounting is appropriate, and
- such internal control as they determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

Responsibilities of the Comptroller and Auditor General

I am required under section 32 of the Medical Practitioners Act 2007 to audit the financial statements of the Medical Council and to report thereon to the Houses of the Oireachtas.

My objective in carrying out the audit is to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement due to fraud or error. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with the ISAs will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

As part of an audit in accordance with the ISAs, I exercise professional judgment and maintain professional scepticism throughout the audit. In doing so,

- I identify and assess the risks of material misstatement of the financial statements whether due to fraud or error; design and perform audit procedures responsive to those risks; and obtain audit evidence that is sufficient and appropriate to provide a basis for my opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- I obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the internal controls.
- I evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures.
- I conclude on the appropriateness of the use of the going concern basis of accounting and, based on the audit evidence obtained, on whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Medical Council's ability to continue as a going concern. If I conclude that a material uncertainty exists, I am required to draw attention in my report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify my opinion. My conclusions are based on the audit evidence obtained up to the date of my report. However, future events or conditions may cause the Medical Council to cease to continue as a going concern.
- I evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

I communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that I identify during my audit.

Information other than the financial statements

My opinion on the financial statements does not cover the other information presented with those statements, and I do not express any form of assurance conclusion thereon.

In connection with my audit of the financial statements, I am required under the ISAs to read the other information presented and, in doing so, consider whether the other information is materially inconsistent with the financial statements or with knowledge obtained during the audit, or if it otherwise appears to be materially misstated. If, based on the work I have performed, I conclude that there is a material misstatement of this other information, I am required to report that fact.

Reporting on other matters

My audit is conducted by reference to the special considerations which attach to State bodies in relation to their management and operation. I report if there are material matters relating to the manner in which public business has been conducted.

I seek to obtain evidence about the regularity of financial transactions in the course of audit. I report if there is any material instance where public money has not been applied for the purposes intended or where transactions did not conform to the authorities governing them.

I also report by exception if, in my opinion,

- I have not received all the information and explanations I required for my audit, or
- the accounting records were not sufficient to permit the financial statements to be readily and properly audited, or
- the financial statements are not in agreement with the accounting records.

Statement of Income and Expenditure and Retained Revenue Reserves

for the year ended 31st December 2018

	Notes	2018	2017
		€	€
Income			
Retention fees	2	**11,492,275**	11,111,361
Registration fees	2	**2,353,405**	2,517,246
Miscellaneous income	2	**385,004**	469,647
Total income		**14,230,684**	14,098,254
Expenditure			
Wages and salaries	3	**3,882,306**	3,529,269
Retirement benefit costs	3	**1,097,826**	1,172,449
Council and meeting expenses		**564,704**	522,703
Staff recruitment, training and education		**213,511**	258,171
Rent and rates		**1,017,080**	974,260
Legal expenses		**3,196,118**	2,919,657
General administration	4	**910,077**	979,801
Consultancy and other professional fees		**430,492**	690,353
Finance charges		**197,678**	52,461
Audit fees		**18,000**	18,000
Advertising & media monitoring		**8,673**	14,992
Gain on asset disposals		**(2,096)**	(120)
Depreciation	6	**243,576**	276,718
Total Expenditure		**(11,777,945)**	(11,408,714)
Operating surplus		**2,452,739**	2,689,540
Fair value movement in financial assets	7	**(337,095)**	194,367
Interest payable/receivable		**9,477**	16,094
Interest on Late Payment of tax		**-**	(15,404)
Investment income		**39,439**	61,585
Surplus for the year	11	**2,164,560**	2,946,182
Transfer from / (to) pension reserve	11	**496,000**	628,000
Balance Brought Forward at 1st January		**24,486,358**	20,912,176
Balance Carried Forward at 31st December		**27,146,918**	24,486,358

The Statement of Cash Flows and Notes on pages 53 - 64 form part of the financial statements.

Approved by the Council on 15th May 2019 and signed on its behalf by

Dr Rita Doyle
President

Mr. William Prasifka
Chief Executive Officer

Dated: 15th May 2019

Statement of Comprehensive Income

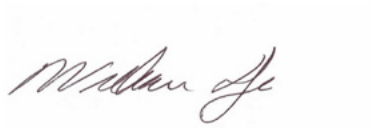
for the year ended 31st December 2018

	Notes	2018 €	2017 €
Surplus for the year		**2,164,560**	2,946,182
Experience (loss) / gain on retirement benefit obligations	**10 (b)**	**(1,338,000)**	(1,186,000)
Change in assumptions underlying the present value of retirement benefit obligation	**10 (b)**	**746,000**	124,000
Total comprehensive income for the year		**1,572,560**	1,884,182

The Statement of Cash Flows and Notes on pages 53 - 64 form part of the financial statements..

Approved by the Council on 15th May 2019 and signed on its behalf by

Dr Rita Doyle
President



Mr. William Prasifka
Chief Executive Officer

Dated: 15th May 2019

Statement of Financial Position

for the year ended 31st December 2018

	Notes	2018	2017
		€	€
Non-Current Assets			
Property, plant and equipment	**6**	**1,482,349**	1,576,605
Financial assets	**7**	**10,082,060**	10,424,488
		11,564,409	12,001,093
Current Assets			
Receivables	**8**	**1,031,190**	1,078,830
Cash and cash equivalents		**23,083,514**	20,085,510
		24,114,704	21,164,340
Current Liabilities (amounts falling due within one year)			
Payables	**9**	**(8,532,195)**	(8,679,075)
Net Current Assets		**15,582,509**	12,485,265
Total Assets less Current Liabilities (before retirement benefits)		**27,146,918**	24,486,358
Deferred funding asset for pensions	**10 (b)**	**1,022,000**	704,000
Retirement benefit obligations	**10 (b)**	**(20,797,000)**	(19,391,000)
Net Assets		**7,371,918**	5,799,358
Representing			
Retained revenue reserves	**11**	**27,146,918**	24,486,358
Retirement benefit reserve	**11**	**(19,775,000)**	(18,687,000)
Total		**7,371,918**	5,799,358

The Statement of Cash Flows and Notes on pages 53 - 64 form part of the financial statements.

Approved by the Council on 15th May 2019 and signed on its behalf by

Dr Rita Doyle
President

Mr. William Prasifka
Chief Executive Officer

Dated: 15th May 2019

Statement of Cash Flows

for the year ended 31st December 2018

Reconciliation of deficit for the year to net cash outflow from operating activities

	2018	2017
	€	€
Net Cash Flows from Operating Activities		
Excess Income over expenditure	**2,164,560**	2,946,182
Net deferred funding for pensions	**(318,000)**	(191,000)
Depreciation and impairment of property, plant & equipment	**243,576**	276,718
Loss on disposal of assets	**586**	
Decrease / (increase) in receivables	**47,640**	(51,589)
Interest received	**(9,477)**	(16,094)
Increase / (decrease) in payables	**(146,880)**	634,443
Increase / (decrease) in retirement benefits charge	**814,000**	819,000
Net Cash Inflow from Operating Activities	**2,796,005**	4,417,660
Cash Flows from Investing Activities		
Interest received	**9,477**	16,094
Payments to acquire property, plant & equipment	**(149,906)**	(212,635)
Receipts from investment portfolio	**(39,439)**	(61,584)
Investment in equity portfolio	**-**	(6,000,000)
Payments of portfolio management fee	**44,772**	61,653
Fair value movement in financial assets	**337,095**	(194,367)
Interest on investment portfolio accrued	**-**	4,858
Net Cash Flows from Investing Activities	**201,999**	(6,385,981)
Net Increase / (decrease) in Cash and Cash Equivalents	**2,998,004**	(1,968,321)
Cash and cash equivalents at 1st January	**20,085,510**	22,053,831
Cash and Cash equivalents at 31st December	**23,083,514**	20,085,510

Notes to the Financial Statements

for the year ended 31st December 2018

1. Accounting Policies

The basis of accounting and significant accounting policies adopted by the Medical Council are set out below. They have all been applied consistently throughout the year and for the preceding year.

a) General Information

The Medical Council was set up under the Medical Practitioners Act 1978 (updated in 2007), with a head office at Kingram House, Kingram Place, Dublin 2.

The Medical Council's primary objective is to protect the public by promoting and better ensuring high standards of professional conduct and professional education, training and competence among registered medical practitioners as set out in Part 2 S.6 of the Medical Practitioners Act 2007.

The Medical Council is a Public Benefit Entity (PBE).

b) Statement of Compliance

The financial statements of the Medical Council for the year ended 31st December 2018 have been prepared in accordance with FRS 102, the financial reporting standard applicable in the UK and Ireland issued by the Financial Reporting Council (FRC), as promulgated by Chartered Accountants Ireland.

The date of transition to FRS 102 was 1st January 2014.

c) Basis of Preparation

The financial statements have been prepared under the historical cost convention, except for certain assets and liabilities that are measured at fair values as explained in the accounting policies below.

The financial statements are in the form approved by the Minister for Health with the concurrence of the Minister for Finance under the Medical Practitioners Act 2007. The following policies have been applied consistently in dealing with items which are considered material in relation to the Medical Council's financial statements.

d) Property, Plant & Equipment

Property, plant and equipment are stated at cost or at valuation, less accumulated depreciation. The charge to depreciation is calculated to write off the original cost or valuation of property, plant and equipment, less their estimated residual value, over their expected useful lives as follows:

Buildings	-	2% straight line
Leasehold improvements	-	5% straight line
Office equipment	-	20% straight line
Fixtures and fittings	-	12.5% straight line
Computer equipment and software development	-	33.3% straight line

Premises are subject to a policy of revaluation every 5 years with an interim valuation in year 3 per FRS 102. At 31st December 2018 no freehold premises were held on the Asset Register.

It is the policy of the Medical Council to revalue its artwork fixed assets every 5 years. A valuation was scheduled to take place in 2018 and due to circumstances beyond the control of the Medical Council this valuation has been postponed to 2019.

Software development costs on major systems are treated as capital items and are written off over the period of their expected useful life from the date of their implementation.

e) Financial Assets

Financial assets held as non-current assets are stated at their market value. Any surplus or deficiency is accounted for through the Statement of Comprehensive Income and the Statement of Income and Expenditure and Retained Revenue Reserves respectively. Income from financial assets together with any related withholding tax is recognised in the Statement of Income and Expenditure account in the year in which it is receivable.

Notes to the Financial Statements (continued)

for the year ended 31st December 2018

1. Accounting Policies (continued)

The Council holds an investment in a fund consisting of bonds, cash investment funds and equitable shares in a number of companies which are listed and actively traded on recognised stock markets. The fund is managed external to the Council and is underpinned by the Medical Council's Investment policy. Income from the Investment portfolio (net of related withholding tax) is recognised in the Statement of Income and Expenditure and Retained Revenue Reserves in the year in which it is receivable. The investment was initially recognised at cost and thereafter valued at fair value through the Statement of Income and Expenditure and Retained Revenue Reserves. Fair value is the mid-price of the securities in an active market at the reporting date after considering the tax payable on any gains earned. Changes in the fair value of investments are recognised in the Statement of Income and Expenditure and Retained Revenue Reserves in the year in which they occur.

f) Foreign Currencies

Monetary assets and liabilities denominated in foreign currencies are translated at the rates of exchange ruling at the Statement of Financial Position date. Transactions, during the year, which are denominated in foreign currencies, are translated at the rates of exchange ruling at the date of the transaction. The resulting exchange differences are dealt with in the Statement of Income and Expenditure and Retained Revenue Reserves.

g) Income

Fees, other than retention fees, are recognised as income in the year in which they are received. Retention fees are charged annually in respect of practitioners who apply to continue on the Council's register. Retention fees and other income are recognised as income in the year to which they relate.

h) Interest Income

Interest income is recognised on an accruals basis using the effective interest rate method.

i) Retirement Benefits

The Medical Council operates a defined benefit pension scheme which is funded annually on a pay-as-you-go basis from monies available to it and from contributions deducted from staff salaries.

Retirement benefit scheme obligations are measured on an actuarial basis using the projected unit method.

The retirement benefit charge to the SIERR is retirement benefits earned by employees in the period, current service costs and interest costs and are shown net of staff retirement benefit contributions which are retained by the Medical Council.

Actuarial gains and losses arise from changes in actuarial assumptions and from experience surpluses and deficits and are recognised in the Statement of Comprehensive Income for the year in which they occur.

Retirement benefit obligations represent the present value of future retirement benefit payments earned by staff to date. The retirement benefit reserve represents the funding deficit on the retirement benefit scheme obligations.

The Council also operates the Single Public Services Pension Scheme ("Single Scheme"), which is a defined benefit scheme for pensionable public servants appointed on or after 1 January 2013. Single Scheme members' contributions are paid over to the Department of Public Expenditure and Reform (DPER). In addition, an employer contribution is also payable to DPER in accordance with DPER Circular 28/2016. The liability in respect of the Single Scheme members is matched by a deferred funding asset on the basis of the provisions of Section 44 of the Public Service Pensions (Single Scheme and other Provisions) Act 2012.

Notes to the Financial Statements (continued)

for the year ended 31st December 2018

1. Accounting Policies (continued)

j) Operating Leases

Rental expenditure under operating leases is recognised in the Statement of Income and Expenditure and Retained Reserves over the life of the lease. Expenditure is recognised on a straight-line basis over the lease period, except where there are rental increases linked to the expected rate of inflation, in which case these increases are recognised over the life of the lease.

k) Receivables

Trade receivables are recorded at fee level determined by Council in accordance with Section 36 of the MPA 2007. Failure to complete the Annual Retention Application form and the payment of the Retention fee results in erasure from the Register of Medical Practitioners in compliance with Section 79 of the MPA 2007. This process negates the requirement to provide for doubtful debts as the fees issued are reversed on erasure. Other receivables are recorded at transaction price.

l) Critical Accounting Judgements and Estimates

The preparation of the financial statement requires management to make judgements, estimates and assumptions that affect the amounts reported for assets and liabilities as at the balance sheet date and the amounts reported for revenues and expenses during the year. However, the nature of estimation means that actual outcomes could differ from those estimates. The following judgements have had the most significant effect on amounts recognised in the financial statements.

- **Impairment of Property, Plant and Equipment**

  Assets that are subject to amortisation are reviewed for impairment whenever events or changes in circumstances indicate that the carrying amount may not be recoverable. An impairment loss is recognised for the amount by which the asset's carrying amount exceeds its recoverable amount.

  The recoverable amount is the higher of an asset's fair value less cost to sell and value in use. For the purpose of assessing impairment, assets are grouped at the lowest levels for which there are separately identifiable cash flows (cash generating units). Non-financial assets that suffered impairment are reviewed for possible reversal of the impairment at each reporting date.

- **Depreciation and Residual Values**

  The Head of Finance has reviewed the asset lives and associated residual values of all property, plant and equipment classes, and in particular, the useful economic life and residual values of fixtures and fittings, and has concluded that asset lives and residual values are appropriate.

- **Provisions**

  The Medical Council makes provisions for legal and constructive obligations, which it knows to be outstanding at the period end date. These provisions are generally made based on historical or other pertinent information, adjusted for recent trends where relevant. However, they are estimates of the financial costs of events that may not occur for some years. As a result of this and the level of uncertainty attached to the final outcomes, the actual out-turn may differ significantly from that estimated.

- **Retirement Benefit Obligation**

  The assumptions underlying the actuarial valuations for which the amounts recognised in the financial statements are determined (including discount rates, rates of increase in future compensation levels, mortality rates and healthcare cost trend rates) are updated annually based on current economic conditions, and for any relevant changes to the terms and conditions of the pension and post-retirement plans.

  The assumptions can be affected by:

  (i) the discount rate, changes in the rate of return on high-quality corporate bonds;

  (ii) future compensation levels, future labour market conditions;

  (iii) health care cost trend rates, the rate of medical cost inflation in the relevant regions.

Notes to the Financial Statements (continued)

for the year ended 31st December 2018

2. Income

Income items are made up as follows:

	2018 €	2017 €
Retention fees		
Annual retention fee payable by Doctors to retain their Registration on the Medical Register	**11,492,275**	11,111,361
Registration fees		
Internship	**227,280**	234,050
General registration	**1,949,725**	2,103,570
Restoration to General Register of Medical Practitioners	**61,170**	51,056
Specialist registration fees	**115,230**	128,570
	2,353,405	2,517,246
Miscellaneous income		
Service fees	**26,290**	40,479
Accreditation fees	**-**	5
Examinations	**95,709**	158,836
Certificate of good standing	**157,640**	148,495
Late payment fee	**49,900**	43,198
Legal costs recovered	**2,750**	8,681
Other	**52,715**	69,953
	385,004	469,647

3. Employees and Remuneration

	2018 €	2017 €
The staff costs are comprised of:		
Wages and salaries	**3,532,248**	3,228,120
Social welfare costs	**350,058**	301,149
	3,882,306	3,529,269
Retirement benefit costs (Note 10a)	**1,097,826**	1,172,449
	4,980,132	4,701,718

Notes to the Financial Statements (continued)

for the year ended 31st December 2018

3.1 Pension-related deductions

	2018 €	2017 €
Pension-related deductions	**128,119**	107,517
Amount due to the Department at year-end.	**10,622**	8,849

3.2 Bonus payments

No Bonus payments were made to staff during 2018 or 2017.

3.3 Aggregate Employee Salary costs

	Salary Costs	Termination benefits	Post-employment benefits	Other
Aggregate employee salary	2,795,440	0	0	0
Key management personnel	558,627	0	0	0
Chief Executive Officer	123,308	0	0	0

The gross salary paid to the CEO includes an adjustment in line with requirements specified under the Haddington Road Agreement. The pension entitlements of the Chief Executive Officer do not extend beyond the pension entitlements in the public sector defined benefit superannuation scheme.

3.4 Number of employees

The average number of persons employed during the year was 76 (2017: 69).

Notes to the Financial Statements (continued)

for the year ended 31st December 2018

4. Expenditure

Expenditure items are made up as follows:

	2018	2017
	€	€
General Administration		
Insurance	**80,367**	83,041
Light and heat	**72,018**	100,898
Repairs and maintenance	**85,227**	85,975
Printing, postage and stationery	**51,882**	37,322
File administration and storage	**16,085**	20,197
Telephone and broadband charges	**44,446**	31,390
Computer costs	**285,991**	305,184
Caretaking and cleaning	**38,508**	34,992
Security	**30,369**	23,692
Accreditations	**125,297**	139,162
Research	**11,512**	37,303
General expenses	**34,485**	53,889
Internal Audit	**33,890**	26,756
	910,077	979,801

5. Taxation

Section 32 of the Finance Act 1994 provides exemption from taxation on investment income of The Medical Council. The Medical Council is, however, not entitled to a repayment of D.I.R.T. where this has been deducted from deposit interest.

The Medical Council is a Non Commercial State Sponsored Body within the meaning of Section 227 Taxes Consolidation Act and Schedule 4 of that Act.

The Medical Council does not charge VAT on its fees and it does not reclaim VAT on its purchases.

Notes to the Financial Statements (continued)

for the year ended 31st December 2018

6. Property, Plant & Equipment

Cost	Buildings & Leasehold Improvements €	Office Equipment €	Fixtures and Fittings €	Computer Equipment €	Total €
As at 1st January 2018	1,931,674	52,244	1,140,108	990,418	4,114,444
Additions	-	1,608	41,207	107,091	149,906
Disposal	-	(4,205)	(9,325)	(49,270)	(62,800)
At 31st December 2018	1,931,674	49,648	1,171,989	1,048,239	4,201,550
Accumulated Depreciation					
As at 1st January 2018	549,899	37,232	1,113,641	837,067	2,537,839
Charge for the year	92,115	9,518	12,239	129,704	243,576
Disposals	-	(3,992)	(8,952)	(49,270)	(62,214)
At 31st December 2018	642,014	42,758	1,116,928	917,501	2,719,201
Net book value					
At 31st December 2018	1,289,660	6,890	55,061	130,738	1,482,349
At 31st December 2017	1,381,775	15,012	26,467	153,351	1,576,605

Listed amongst the values for fixtures and fittings is a small selection of decorative art which is situated in the offices at Kingram House. This artwork is valued in line with the directives of FRS 102 Section 17.3 - Heritage Assets. It currently has a carrying nil value pending valuation in 2019.

6.1 Property, Plant & Equipment Prior Year

Cost	Buildings & Leasehold Improvements €	Office Equipment €	Fixtures and Fittings €	Computer Equipment €	Total €
As at 1st January 2017	1,906,674	52,244	1,130,489	813,707	3,903,114
Additions	25,000	-	9,619	178,016	212,635
Disposal	-	-	-	(1,306)	(1,306)
At 31st December 2017	1,931,674	52,244	1,140,108	990,417	4,114,443
Accumulated Depreciation					
As at 1st January 2017	457,784	27,152	1,100,673	676,816	2,262,425
Charge for the year	92,115	10,080	12,968	161,555	276,718
Disposals	-	-	-	(1,305)	(1,305)
At 31st December 2017	549,899	37,232	1,113,641	837,066	2,537,838
Net book value					
At 31st December 2017	1,381,775	15,012	26,467	153,351	1,576,605
At 31st December 2016	1,448,890	25,092	29,816	136,891	1,640,689

Notes to the Financial Statements (continued)

for the year ended 31st December 2018

7. Financial Assets

	2018	2017
	€	€
Fair Value		
At 1st January	**10,424,488**	4,235,046
Fair value movement in financial assets	**(337,095)**	194,367
Investment income	**39,439**	61,584
Management fee	**(44,772)**	(61,651)
Interest income/(expenditure)	**-**	(4,858)
Funds To / (From) Portfolio	**-**	6,000,000
At 31st December	**10,082,060**	10,424,488

The fair value is the mid-price of the financial assets in an active market at the reporting date as the bid-price of the financial asset is not quoted. With reference to Note 1(e), the investments are underpinned by the Medical Council's investment policy which is available on the website.

8. Receivables

	2018	2017
	€	€
Prepayments	**907,622**	951,838
Trade receivables	**85,873**	70,070
Sundry receivables	**37,695**	56,922
	1,031,190	1,078,830

Included in prepayments is an amount of €564,900 (2017:€605,250) being the balance of an upfront rent payment of €807,000 on the Kingram House property paid 11th March 2008. This is being written off over the remaining years of the lease.

Notes to the Financial Statements (continued)

for the year ended 31st December 2018

9. Payables

	2018	2017
	€	€
Amounts falling due within one year		
Trade payables and accruals	**1,223,649**	1,338,514
Taxation	**151,517**	149,844
Deferred income - retention fees	**5,839,774**	5,709,377
Provision for legal costs	**515,000**	410,000
Bequest to charity / research	**616,213**	567,107
SPSS employer pension contribution	**186,042**	504,233
	8,532,195	8,679,075

Movement in legal provision:		
Legal provision at 1st January	**410,000**	240,000
Utilised in 2018	**(160,000)**	(140,000)
Provided for in 2018	**265,000**	310,000
	515,000	410,000

The deferred income figure of €5.8m reflects retention fee income received in 2018 which pertains to a portion of 2019, this figure was €5.7m in 2017.

10. Retirement Benefit Costs

a. Analysis of total retirement benefit costs charged to the Statement of Income and Expenditure

	2018	2017
	€	€
Medical Council defined benefit scheme		
Current service costs	**578,000**	631,000
Interest on retirement benefits Scheme obligations	**358,000**	308,000
Employee contributions	**(83,126)**	(90,355)
	852,874	848,645

Single public sector scheme		
Current Service Cost	**304,000**	328,000
Interest Pension Costs	**14,000**	9,000
Deferred retirement benefit funding	**(318,000)**	(191,000)
Employer Contribution	**244,952**	177,804
	244,952	323,804

As detailed in the account policy above, the Medical Council operates a closed defined benefit pension scheme and for employees joining after the 1st of January 2013 the single public sector scheme.

Total retirement benefit cost **€1,097,826**

Notes to the Financial Statements (continued)

for the year ended 31st December 2017

The Minister for Public Expenditure and Reform, based on actuarial considerations and pursuant to section 16 (4) of the Public Service Pension (Single Scheme and Other Provisions) Act 2012 has decided that:

- an employer contribution is to be paid in respect of certain members of the Single Public Sector Pension scheme and
- the rate of that Employer contribution is equal to three times the employee contribution paid by the single scheme member.

Employer contributions must be paid by public service bodies who are "wholly or mainly from sources other than directly or indirectly out of the Central Fund".

As a self-financing public body entity, the sum of €749,184 represents the Medical Councils employer contributions to the Single Public Service Pensions scheme for the period 1st January 2013 to 31st December 2018. This liability has been remitted to the Department of Public Expenditure and Reform.
In addition, employee contributions by SPSPS members amounted to €81,651 in 2018 and were remitted to the Department of Public Expenditure and Reform.

b. Movement in net retirement benefit obligations

	2018 €	2017 €
Net retirement benefit obligations at 1st January	**19,391,000**	17,510,000
Current service cost	**882,000**	959,000
Interest costs	**372,000**	317,000
Actuarial loss/(gain)	**592,000**	1,062,000
Retirement benefits paid in the year	**(440,000)**	(457,000)
Medical Council defined benefit scheme Total	**20,797,000**	19,391,000
Medical Council defined benefit scheme	**19,775,000**	18,687,000
Single Public Sector Pension Scheme	**1,022,000**	704,000
Net retirement benefit obligations at 31st December	**20,797,000**	19,391,000

Notes to the Financial Statements (continued)

for the year ended 31st December 2018

c. History of defined benefit obligations

	2018 €'000	2017 €'000	2016 €'000	2015 €'000
Defined benefit obligations	**20,797**	19,391	17,510	15,801
Experience losses / (gains) on defined benefit scheme obligations	**592**	1,062	912	2,722

d. General description of the scheme

The Medical Council operates an unfunded defined benefit superannuation scheme for staff which is funded annually on a pay as you go basis from monies available to it and from contributions from staff salaries.

The results set out below are based on an actuarial valuation of the retirement benefit obligations in respect of serving and retired staff of the Council as at 31st December 2018. This valuation was carried out by a qualified independent actuary for the purposes of the accounting standard, Financial Reporting Standard No. 102 – Retirement Benefits (FRS 102).

	2018	2017
Rate of increase in salaries	**2.90%**	2.81%
Rate of increase in retirement benefits in payment	**2.40%**	2.31%
Discount rate	**1.94%**	1.83%
Inflation rate	**1.90%**	1.81%

Mortality basis:

	%
Males	58% ILT 15M
Females	62% ILT 15F

Average future life expectancy according to the mortality tables used to determine the retirement benefits

	2018	2017
Male aged 65	21.4 years	21.2 years
Female aged 65	23.9 years	23.7 years

e. Deferred funding asset for pensions

In compliance with the Public Service Pensions (Single Scheme and Other Provisions) Act 2012, the Medical Council as the "Relevant Authority" has calculated the retirement benefit applicable to the Single Public Sector Pension Scheme at the 31st December 2018.

The deferred funding asset for pensions relates to the creation of an asset equal to the defined benefit liability of this scheme. The liability in respect of the Single Scheme members is matched by a deferred funding asset on the basis of the provisions of Section 44 of the Public Service Pensions (Single Scheme and other Provisions) Act 2012.

Notes to the Financial Statements (continued)

for the year ended 31st December 2018

11. Reserves

	Retirement Benefit Reserve	Retained Reserves	Total
	€	€	€
At 1st January 2018	**(18,687,000)**	**24,486,358**	**5,799,358**
Surplus for the year	**-**	**2,164,560**	**2,164,560**
Actuarial loss for the year	**(592,000)**	**-**	**(592,000)**
Transfer to retirement benefits reserve	**(496,000)**	**496,000**	**-**
At 31st December 2018	**(19,775,000)**	**27,146,918**	**7,371,918**

The retirement benefits reserve relates to the Medical Council's defined benefit scheme and represents the cumulative cost of retirement benefits less amounts paid out to date. The transfer of €496,000 in the year represents the difference between the full cost of retirement benefits recognised in the Statement of Income and Expenditure and Revenue Reserves Account relating to the Council's scheme of €936,000 and the amounts paid out in the year of €440,000.

12. Operating Lease Commitments

The Medical Council are party to a 20 year lease commenced on the 1st January 2013 and will expire on 31st December 2032.

At 31st December 2018 the Medical Council had the following future minimum lease payments under non-cancellable operating leases for each of the following periods:

	€
Payable within one year	820,000
Payable within two to five years	3,280,000
Payable after five years	7,380,000
	11,480,000

Operating lease payments recognised as an expense were €820,000 (2017: €820,000). In September 2018 the Medical Council entered into a six month contract for additional office space. The cost of this for 2018 included in the Rent and Rates expense was €23,342

13. Contingent Liabilities

A number of High Court proceedings have been taken against The Medical Council. The Council is vigorously defending the proceedings and is satisfied that they will not be successful and have not provided for any liability arising thereon. Council's costs in relation to defending the proceedings have been provided for in note 9.

14. Approval of Financial Statements

The financial statements were approved by the Council on 15th May 2019.

Appendices

Appendix A

Council Meetings, January 1st - May 31st 2018

Council Member	Council Meetings	Extraordinary Meetings	Total
Dr John Barragry	6	2	8
Ms Vicky Blomfield	6	2	8
Dr Anthony Breslin	6	2	8
Ms Katharine Bulbulia	6	4	10
Ms Anne Carrigy	6	2	8
Dr Sean Curran	2	1	3
Mr Fergus Clancy	3	0	3
Dr Audrey Dillon	2	0	2
Dr Rita Doyle	4	3	7
Ms Mary Duff	5	1	6
Professor Fidelma Dunne	4	1	5
Professor Bairbre Golden	4	0	4
Dr Ruairi Hanley	2	0	2
Mr Seán Hurley	2	0	2
Professor Alan Johnson	5	1	6
Professor Mary Leader	2	2	4
Ms Catherine McKenna	6	1	7
Ms Margaret Murphy	3	2	5
Mr John Nisbet	1	1	2
Professor Colm O'Herlihy	4	2	6
Mr Tom O'Higgins	6	4	10
Dr Michael Ryan	6	2	8
Ms Cornelia Stuart	5	3	8
Dr Consilia Walsh	2	1	3
Professor Freddie Wood	0	0	0

Council Meetings, June 1st – December 31st 2018

Council Member	Council Meetings	Extraordinary Meetings	Total
Dr John Barragry	7	5	12
Ms Vicky Blomfield	8	2	10
Dr Anthony Breslin	7	4	11
Ms Teresa Bulfin	7	4	11
Dr Thomas Crotty	5	4	9
Dr Suzanne Crowe	6	4	10
Dr Marcus De Brun	4	3	7
Dr Rita Doyle	8	5	13
Ms Mary Duff	6	1	7
Professor Fidelma Dunne	3	0	3
Mr John Gleeson	8	5	13
Mr Paul Harkin	8	4	12
Professor John Hyland	6	3	9
Professor Mary Leader	4	2	6
Ms Alison Lindsay	4	2	6
Professor Marina Lynch	6	4	10
Dr Erica Maguire	4	0	4
Ms Catherine McKenna	5	2	7
Dr Maeve Moran	5	1	6
Dr Aoife Mullally	4	2	6
Mr John Murray	7	4	11
Mr Joe O'Donovan	8	2	10
Mr Tom O'Higgins	8	2	10
Mr Jim O'Sullivan	7	6	13
Professor Mary O'Sullivan	5	2	7

Council and Committee Attendance

The 2013-2018 Medical Council concluded its term in May 2018 and a new Council commenced its term in June. A review of the Medical Council Committees was undertaken by the new Council, resulting in restructuring in some cases to improve the effectiveness and efficiency of the Committees.

Audit, Strategy and Risk Committee

Three meetings held in 2018

The Audit, Strategy & Risk Committee was chaired to the end of the 2018 term by Mr Seán Hurley and monitored the integrity of the financial statements, reviewed the internal control and risk management systems and led on the financial development of the Medical Council. The committee comprised of eight Council members and two external members. There were two meetings of the ASRC up to June 2018.

Following the appointment of a new Council in June 2018, the Committee was renamed the Audit, Finance and Risk Committee. Mr Joe O'Donovan was appointed as Chair and adopted the principles of the previous Committee. The AFRC met once in the latter half of the year. The Committee is now comprised of five Council members and three external members.

Name	Meetings
Mr Sean Hurley (Chair) (Council member)*	2
Dr John Barragry* (Council member)	1
Dr Anthony Breslin (Council member)	2
Ms Anne Carrigy* (Council member)	1
Dr Thomas Crotty** (Council member)	1
Dr Suzanne Crowe** (Council member)	1
Dr Sean Curran* (Council member)	2
Dr Marcus De Brun** (Council member)	1
Ms Bairbre Golden* (Council member)	0
Mr Joe O'Donovan (Chair)** (Council member)	1
Mr Tom O'Higgins (Council member)	3
Mr Jim O'Sullivan** (Council member)	1
Mr Stephen McGovern (External)	3
Dr Terry McWade (External)	2
Prof Freddie Wood* (Council member)	0

*Until May 2018

**From June 2018

Education, Training and Professional Development Committee / Education and Training Committee

Four meetings in 2018

The training needs of tomorrow's doctors, and ongoing education requirements of those currently registered is overseen by the Education, Training and Professional Development Committee. The ETPDC was chaired by Dr Colm O'Herlihy up until the end of the Council term in May 2018. The committee comprised of six Council members and four external members. There were three meetings of the ETPDC in 2018.

Following the appointment of the new Council, Dr Aoife Mullally was appointed as Chair of the Committee, renamed as the Education and Training Committee and met once in 2018. The Committee continue to focus on ongoing medical education.

Name	Meetings
Prof Alan Johnson (Chair) (Council member)*	3
Mr Declan Ashe (External)	4
Dr John Barragry (Council member)	4
Dr Deirdre Bennett (External)	4
Dr Anthony Breslin (Council member)	0
Ms Katharine Bulbulia* (Council member)	2
Dr Anna Clarke (External)	4
Mr Joe Duignan (External)	1
Dr John Jenkins (External)	4
Ms Alison Lindsay**(Council member)	0
Dr Aoife Mullally** (Council member)	1
Dr Colm O'Herlihy* (Council member)	1
Prof Mary O'Sullivan** (Council member)	1
Ms Marie Kehoe-O'Sullivan (External)	1
Prof Freddie Wood* (Council member)	0

*Until May 2018

**From June 2018

Registration and Continuing Practice Committee

Four meetings in 2018

Key to the Council's role is the maintenance of the Register of medical practitioners, entry to which permits doctors to practise in Ireland. The Registration and Continuing Practice Committee was and continues to be chaired by Dr Anthony Breslin and advises the Council on policy and statutory frameworks governing entry to the Register and continuing registration of doctors. The Committee comprised of five council members and seven external members under the previous Council, and following a Committee review is served by four Council members and six external members. There were three meetings of the RCPC up to June 2018, with one meeting held under the new Council term.

Name	Meetings
Dr Anthony Breslin (Chair) (Council member)	4
Ms Katharine Bulbulia (External)*	3
Ms Teresa Bulfin (Council member)**	1
Ms Mary Culliton (External)	2
Ms Mary Duff (Council member)*	0
Mr John Gleeson (Council member)**	1
Dr Mary Holohan (External)	3
Ms Lorraine Horgan (External)	1
Dr Muiris Houston (External)	2
Prof Mary Leader (Council member)**	1
Dr Niamh Macey (External)	2
Dr Terry McWade (External)	1
Ms Anne Pardy (External)	3
Dr Consilia Walsh (Council member)*	2
Prof Freddie Wood (Council member)*	0

*Until May 2018

**From June 2018

Nominations and Development Committee

The President, Professor Freddie Wood was chair of the Council's Nominations and Development Committee which advised Council on the nomination process for appointments to committees and also advised on the provision of induction, training and development for members. The committee comprised four Council members. The NDC wound up with the outgoing Council, and the core activities were transferred to the newly established Strategy & Governance Committee.

Names	Meetings
Professor Freddie Wood (Council member) (Chair)	0
Dr Anthony Breslin (Council member)	0
Dr Audrey Dillon (Council member)	0
Ms Margaret Murphy (Council member)	0

Strategy and Governance Committee

Four meetings in 2018

The Strategy and Governance Committee (SGC) was established by the Medical Council with effect from 11th June 2018. The SGC has adopted a corporate governance regime in accordance with best practice. The SGC is chaired by Mr Paul Harkin. The purpose of the Committee is to steer the Statement of Strategy project to completion; to monitor and review the implementation of the Strategy via annual Business Plans; to monitor and ensure compliance with Governance requirements and best practice; to react to escalated governance issues such as Council member complaints etc; to be responsible for the nominations and appointments of members to relevant Committees and Groups (formerly the Nominations & Development Committee); and to steer a Learning and Development programme for Council, Committees and Groups. The Committee is comprised of five Council members and met four times in 2018.

Names	Meetings
Mr Paul Harkin (Council member) (Chair)	3
Ms Vicky Blomfield (Council member)	4
Dr Anthony Breslin (Council member)	2
Dr Rita Doyle (Council member)	4
Dr Maeve Moran (Council member)	2

Ethics and Professionalism Committee

Two meetings held in 2018

The Ethics and Professionalism Committee was established to support the Council's work in supporting the profession's adherence to best international medical practice. The EPC was chaired by Dr Audrey Dillon. The committee comprised of eight council members and three external members. There were two meetings of the EPC in 2018 and it wound up with the outgoing Council. Under the 2018 – 2023 term of the new Council, the EPC was not re-established, however an Ethics Working Group was set up to consider the changes to the 8th Amendment, and to consider the effects on the Ethical Guide. A new Ethics Committee is due to be appointed in early 2019.

Names	Meetings
Dr Audrey Dillon (Council member) (Chair)*	1
Dr John Barragry (Council member)*	0
Ms Katharine Bulbulia (Council member)*	0
Dr Sean Curran (Council member)*	0
Professor Bairbre Golden (Council member)*	1
Dr John Jenkins (External) *	1
Professor Alan Johnson (Council member)*	1
Dr Barry Lyons (External)*	1
Ms Sunniva McDonagh (External)*	1
Ms Catherine McKenna (Council member)*	1
Ms Margaret Murphy (Council member)*	0
Professor Freddie Wood (Council member)*	0

*until May 31st 2018. Committee wound up at that date.

Monitoring Committee

Five meetings in 2018

The Monitoring Committee reports to the Medical Council as to the compliance or not by a medical practitioner with conditions attached to his/her registration pursuant to sections 53(3) and/or 71(c) of the Medical Practitioners Act, 2007. The Committee produces and reviews a bank of conditions to assist the Fitness to Practise Committee and Medical Council when attaching conditions to a medical practitioner's registration. The Committee was chaired by Dr Ruairi Hanley under the former Council. The committee comprised of one Council member and seven external members. There were three meetings of the Monitoring Committee in 2018 up to June 2018. Under the new Council the Monitoring Committee is chaired by Ms Vicky Blomfield and has met twice up to the year end. The Committee comprises now of two Council members and eight external members.

Names	Meetings
Dr Ruairi Hanley (Chair)* (Council member)	2
Ms Vicky Blomfield (Chair)** (Council member)	1
Dr Eamon Beathnach (External)	3
Dr Abdul Bulbulia (External)	4
Dr John Casey (External)	5
Ms Mary Culliton (External)	1
Prof John Hyland** (Council member)	0
Ms Marie Kehoe – O'Sullivan (External)	2
Dr Ailis Ni Riain (External)	4
Dr Declan Woods (External)	5

*Until May 2018

**From June 2018

Preliminary Proceedings Committee

Ten meetings in 2018

The Preliminary Proceedings Committee is established under Section 20(2) of the Medical Practitioners Act 2007 to consider initial complaints, and was chaired by Ms Anne Carrigy. The committee then comprised of six Council members and ten external members. There were five meetings of the PPC in 2018 under the 2013 – 2018 Council term. Under the new Council, Dr Tom Crotty took over as Chair and the Committee is comprised of nine Council members and nine external members. The reformed PPC has met four times under the new Council term.

Names	Meetings
Ms Anne Carrigy* (Chair) (Council member)	4
Dr John Barragry (Council member)	6
Ms Kathleen Beggan (External)	5
Ms Katharine Bulbulia* (Council member)	5
Ms Teresa Bulfin**(Council member)	5
Dr Thomas Crotty** (Council member) (Chair)	5
Dr Marcus De Brun**(Council member)	2
Dr Rita Doyle (Council member)	5
Dr Joe Duignan (External)	6
Mr John Gleeson**(Council member)	5
Prof John Hyland**(Council member)	2
Dr Anne Jeffers (External)	2
Prof Mark Laher (External)	6
Dr Erica Maguire**(Council member)	3
Dr Michael McGloin (External)	8
Dr Angela McNamara (External)	4
Dr Maeve Moran**(Council member)	5
Dr Aoife Mullally**(Council member)	3
Ms Margaret Murphy* (Council member)	5
Dr Ailis Ni Riain (External)	7
Dr Patrick Fionan O'Carroll (External)	3
Dr Winifred O'Connell (External)	3
Prof Diarmuid O'Donoghue (External)	7
Dr Colm O'Herlihy*(Council member)	3
Dr Ailis Quinlan (External)	7

*Until May 2018

**From June 2018

Health Committee

Six meetings in 2018

The Health Committee's primary role is that of supporting the maintenance of registration and appropriate monitoring of doctors with identified health problems, but where there is no patient risk that could be subject of a complaint to the Preliminary Proceedings Committee. The Committee is comprised of both medical personnel (primarily GP's and psychiatrists) and non-medical members, who are involved in the healthcare/ medical sector. Dr Rita Doyle was the Chair to the end of the previous Council term and three meetings of the Health Committee were held up to end of June 2018.

Dr Doyle was reappointed as Chair under the new Council term, and the Committee continues its work, having held a further three meetings to the year end.

Names	Meetings
Dr Rita Doyle (Chair) (Council member)	6
Mr Rolande Anderson (External)	6
Ms Mary Duff^ (Council member)	4
Dr Blanaid Hayes (External)	3
Dr Eamonn Keenan (External)	4
Ms Veronica Larkin (External)	5
Prof James Lucey (External)	2
Ms Barbara Lynch (External)	2
Dr Marina Lynch** (Council member)	2
Dr Claire McNicholas (External)	5
Dr Fiona Magee (External)	6
Dr Mark Murphy (External)	6
Dr Ailis Ni Riain (External)	5

*Until May 2018

^ Until Oct 2018

**From June 2018

Fitness to Practise Committee

The Fitness to Practise Committee is established under Section 20(2) of the Medical Practitioners Act 2007 to hold Inquiries into complaints, and was chaired by Dr Michael Ryan up to the end of the Council term in May 2018. Inquiries are heard by a Fitness to Practise "Panel" which is made up of three members of the Fitness to Practise Committee, two non-medical members and one doctor. The Chairperson of the Inquiry Panel is a member of the Medical Council and is responsible for making sure that the Inquiry is conducted in accordance with fair procedures. Following the appointment of a new Council in June 2018 Ms Mary Duff took over as Chair. While there were no committee meetings, 12 Inquiries were held under the former Council term and 21 Inquiries were held post June 2018. Out of a total of 33 Inquiries, 29 are completed and four are currently standing adjourned.

Names	Meetings
Ms Vicky Blomfield (Council member)	6
Dr Eamann Breatnach (External)	4
Mr Michael Brophy (External)	7
Dr Abdul Bulbulia (External)	3
Dr John Casey (External)	19
Mr Fergus Clancy (Council member)*	0
Dr Geraldine Corrigan (External)	0
Dr Suzanne Crowe (Council member)**	1
Ms Mary Culliton (External)	7
Professor Anthony Cunningham	1
Mr Denis Doherty (External)	0
Ms Mary Duff (Council member) (Chair)**	33
Professor Fidelma Dunne (Council member)	16
Ms Annette Durkan (External)	2
Ms Catherine Earley (External)	3
Mr T.C Ewing (External)	0
Ms Ger Feeney (External)	4
Professor Bairbre Golden (Council member)*	0
Dr Ruairi Hanley (Council member)*	0
Mr Paul Harkin (Council member)**	3
Dr Brendan Healy (External)	9
Dr Mary Henry (External)	20
Mr Seán Hurley (Council member)*	0
Ms Winifred Jeffers (External)	14
Professor Alan Johnson (Council member)*	0
Mr Stephen Kealy (External)	11
Ms Marie Kehoe-O'Sullivan (External)	0
Mr John Kincaid (External)	0
Ms Gloria Kirwan (External)	3
Ms Alison Lindsay (Council member)**	2
Professor Mary Leader (Council member)	3
Professor Marina Lynch (Council member)**	0
Dr Deidre Madden (External)	0
Mr. Gerard Magee (External)	0
Ms Una Marren Bell (External)	11
Dr John McAdoo (External)	0
Dr Michael McDermott (External)	0
Ms Catherine McKenna (Council member)**	1
Professor Damien McLoughlin (External)	0
Mr Frank McManus (External)	0
Professor David Morgan (External)	4
Ms Meg Murphy (External)	3
Mr Paul Murphy (External)	0
Mr John Murray (Council member)**	4
Mr John Nisbet (Council member)*	4

Mr Joe O'Donovan (Council member)**	4
Dr. Danny O'Hare (External)	0
Mr Tom O'Higgins (Council member)	4
Dr Tim O'Neill (External)	5
Ms Melanie Pine (External)	2
Dr Michael Ryan (Council member) (Chair)*	8
Ms Cornelia Stuart (Council member)*	0
Ms Joan Tattan-Denis (External)	17
Dr Consilia Walsh (Council member)*	0

*until May 31st 2018

** from June 1st 2018

Clinical Site Inspections

The Medical Council carried out two sets of inspections in nine Hospitals across the Dublin Midlands Hospital Group and the Children's Hospital Group as part of the Medical Council's quality assurance role in medical education and training. The purpose of each inspection visit was to assess if and how each clinical training site is complying with Medical Council standards for clinical training sites.

Assessor	Sites
Dr John Barragry (Council member)	2
Ms Vicky Blomfield (Council member)	2
Ms Katharine Bulbulia* (Council member)	3
Ms Lesley Costello (External)	3
Dr Thomas Crotty** (Council member)	4
Dr Shree Datta (External)	1
Prof Alan Johnson* (Council member)	4
Dr John Jenkins (External)	2
Ms Gloria Kirwan (External)	1
Prof Mike Larvin (External)	1
Dr Jason Last (External)	1
Dr Barry Lewis (External)	2
Mr John Murray** (Council member)	2
Dr Ailís Ní Riain (External)	2

*until May 31st 2018

** from June 1st 2018

Asset Management Committee

Four meetings in 2017

Names	Meetings
Dr John Barragry (Council member)	3
Mr Sean Curran (Council member)	1
Mr Terry McWade (external)	4
Mr Stephen McGovern (external)	4

Appendix B

Registration Statistics

- Pre-registration Examination Statistics
- Divisions of the Medical Register
- Categories of Applicant
- Gender Breakdown
- Age range of doctors on Register

Pre-Registration Examination Statistics

	Pass	Fail	Total
Level 3 (Clinical Based Examination) 2016	132	61	193
Level 3 (Clinical Based Examination) 2017	108	67	175
Level 3 (Clinical Based Examination) 2018	74	36	110

Divisions of the Medical Register

Divisions	2016		2017		2018	
General Division	42%	9,102	41%	9,274	40%	9,234
Specialist Division	40%	8,807	41%	9,306	42%	9,577
Trainee Specialist Division	12%	2,669	12%	2,811	12%	2,813
Intern Registration	5%	995	5%	1,081	5%	1,166
Supervised Division	1%	195	1%	157	1%	206
Visiting EEA	0%	27	0%	20	0%	0
Total	100%	21,795	100%	22,649	100%	22,996

Categories of Applicant	2016		2017		2018	
Category 1 (Qualified in Ireland)	59%	12,827	58%	13,116	58%	13,420
Category 2 (EU Citizen qualified in EU/EEA)	10%	2,254	11%	2,415	10%	2,391
Category 3 (Non – EU Citizen qualified in EU/EEA)	4%	776	4%	816	4%	806
Category 4 (Qualified outside EU/EEA)	27%	5,938	28%	6,302	28%	6,379
Total	100%	21,795	100%	22,649	100%	22,996

	2016			2017			2018		
Gender of Doctors on the Register	Male	Female	Total	Male	Female	Total	Male	Female	Total
Total No. of doctors registered	12,807	8,988	21,795	13,219	9,430	22,649	13,248	9,748	22,996
%	59%	41%		58%	42%		58%	42%	

Age Range of doctors on Register	2016	2017	2018
20-35	7,827	8,046	8,177
36-45	5,679	5,939	5,976
46-55	4,349	4,553	4,642
56-64	2,599	2,721	2,796
65-69	718	770	803
70-80	560	561	554
81-90	58	55	45
Over 90	5	4	3
Grand Total:	21,795	22,649	22,996

Appendix C

Complaints and Fitness to Practise Inquiry Statistics

- Origin of complaints received
- Complaints by gender
- Complaints by divisions of the Register
- Complaints by age range
- Area of Qualifications
- Types of complaints received
- Complaints considered by PPC
- Fitness to Practise Inquiries
  - *Inquiries Held*
  - *Outcomes*
  - *Public/Private*
  - *Sanctions imposed*
  - *Legal representation*
  - *Reasons for private hearings*
  - *Section 60 applications*
  - *Monitoring Committee*
  - *Health Committee*

Origin/source of complaints received in 2018	2016	2017	2018
Member of the Public	316	293	331
Healthcare professional	18	19	13
The Medical Council – the doctor's conduct came to the attention of the Medical Council whether through the media or otherwise	32	15	32
The Medical Council, having been notified by a body in another state	35	6	12
Solicitor or Solicitors firm not acting on behalf of a member of public (i.e. complaining about a failure to furnish a report etc)	2	8	3
Healthcare Institution (private hospitals, nursing homes etc.)	4	7	2
HSE	1	5	3
Other Irish Regulatory Body	1	0	0
Patient Advocacy Group	1	1	0
Anonymous	1	2	0
Total	411	356	396

Complaints by Gender	2016	2017	2018
Male	339	310	300
Female	144	140	140
Total	483	450	440
No. of doctors on the register	21,795	22,649	22,996
% of doctors complained against	2.2%	2%	1.9%

Divisions of the Register	Male	Female	Total
General Division	78	28	106
Specialist Division	219	105	324
Trainee Specialist Division	2	7	9
Intern Registration	0	0	0
Supervised Division	1	0	1
Total	300	140	440

Complaints by Age Ranges	2018
20-35 years	34
36-45 years	98
46-55 years	147
56-64 years	111
65+ years	50
Total	440

Area of Qualification of doctors complained against	Male	Female	Total
Qualified in Ireland (Cat 1)	220	113	333
Qualified in EU/EEA (Cat 2)	21	14	35
Qualified outside EU/EEA (Cat 3 & 4)	59	13	72
Total	300	140	440

Types of Complaints received

Categories of Complaint Received			
Professional Conduct	**2016**	**2017**	**2018**
Criminal Convictions	0	1	2
Informing Medical Council of other regulatory proceedings/decisions, criminal charges and/or convictions.	6	4	11
Breach of the Medical Practitioners Act 2007	15	6	9
Dishonesty	17	28	32
Total	38	39	54
Responsibilities to Patients	**2016**	**2017**	**2018**
Reporting obligations concerning abuse of children/elderly/vulnerable adults	3	5	2
Treating patients with dignity	27	47	55
Refusal to treat	24	16	18
Conscientious objection	1	0	1
Emergencies	3	5	3
Appropriate Professional Skills	40	16	26
Adequate language Skills	4	2	3
Communication	136	126	161
Physical and intimate examinations	3	10	13
Personal relationships with patients	5	3	3
Assisted Human Reproduction	0	0	0
End of life care	3	1	2
Total	249	231	287
Medical Records and Confidentiality	**2016**	**2017**	**2018**
Maintenance of accurate and up to date patient medical records	15	12	15
Confidentiality	10	16	33
Total	25	28	48
Professional Practice	**2016**	**2017**	**2018**
Maintaining Competence	31	0	16
Reporting concerns about colleagues	0	6	4
Professional relationships between colleagues	4	2	6
Professional Indemnity	0	1	0
Accepting Posts	0	2	0
Treatment of relatives	3	1	2
Advertising	3	3	8
Premises and Practice Information	2	0	1
Medical reports	18	25	22
Certification	10	2	7
Prescribing	47	45	56
Referral of patients	18	11	26
Locum and rota arrangement	0	2	1
Telemedicine	0	0	0
Retirement and transfer of patient care	0	7	1
Fees	2	4	8
Total	138	111	158

Relevant Medical Disability	2016	2017	2018
Alcohol Abuse	3	2	1
Drug Abuse	3	4	1
Mental or behavioural illness	4	1	4
Physical illness	1	0	0
Total	11	7	6

Treatment	2016	2017	2018
Consent	12	11	11
Clinical investigations and examinations	71	68	82
Diagnosis	91	98	82
Follow up care	45	39	66
Surgical Procedures	28	28	26
Continuity of care	28	15	27
Total	0	0	0
	275	259	294
Total No of Categories	736	675	847

Complaints considered by Preliminary Proceedings Committee

PPC Decisions	2018
PF	39
NPF	286
Total	325

NPF of Which	2018
No further action	261
Mediation	6
Professional Comp	7
Another Body	1
Withdrawal	11
Total	286

Fitness to Practise Inquiries

Inquires Held	2016	2017	2018
Completed	46	42	29
Adjourned	2	4	4
Pending (as at 31/12/16)	44	50	64
No. of Inquiry Days	134	67	76
Average No of days per inquiry	2.8	1.5	2.3

Outcomes of Inquires	2016	2017	2018
Finding of Professional Misconduct	17	1	11
Finding of relevant medical disability (RMD)	2	1	3
Poor professional performance	11	4	7
Not Guilty / Fit to engage in practice of medicine / no case	8	16	4
Undertaking pursuant to S67	12	18	8
Contravention of the Act	4	2	0
Failure to comply with relevant condition	0	0	1

Inquiries Held in Public/Private/Part Public	2016	2017	2018
Public	20	13	15
Private	26	21	11
Part Public	2	12	3

Sanctions Imposed on a RMP by Council	2016	2017	2018
Cancellation of registration (2007 Act)	6	3	5
Conditions	12	3	7
Suspension	2	0	0
Advise / Admonish / Censure	14	3	10
Censure in writing and fine	1	2	0
Total	35	11	22

Legal representation

Year	Represented Doctors	Unrepresented
2016	30	16
2017	19	27
2018	22	11

Reasons for Complaints being held in private:	No.
Doctors Health	4
Respect for privacy by Complainant	6
Nature of the complaint	1
Completed at preliminary stage / Callover	3

No. of section 60 applications / undertakings to Council	No.
No. of Matters considered by Council under S60	18*
No. of applications to High Court	9
No. of undertakings	7

*16 doctors were involved, with two doctors considered twice.

A section 60 application can be made by the Medical Council to the High Court in order to immediately suspend the registration of a registered medical practitioner, whether or not the practitioner is the subject of a complaint, if it is deemed necessary to protect the public

Monitoring Committee	2016	2017	2018
No. of doctors with the Monitoring Committee as at 31.12.18	18	18	19
No. of new doctors with the Monitoring Committee	6	12	12
No longer with the Monitoring Committee	5	12	11

Health Committee	2016	2017	2018
No. of doctors with the Health Committee as at 31.12.18	44	45	48
No. of new doctors with the Health Committee	9	9	16
No longer with the Health Committee	6	8	6

Reasons for Referral to Health Committee	2018
Substance Misuse	19
Mental Health Issue	26
General Health Issue	3

Source of Referral to Health Committee	2018
Self	11
Third party	20
Medical Council	17

Appendix D

Freedom Of Information Statistics

Type of Requests	2018
Personal	39
Non Personal	34
Mixed	0

No. of Freedom of Information Requests	2018
Brought Forward from Previous Year	0
Requests received in current year	73
Cases answered in Current year	71
Live Cases at year end	2

Status of Requests	2018
Granted	8
Part Granted	26
Refused	36
Withdrawn	0
Open at Year End	2
Transferred	1

Comhairle na nDochtúirí Leighis
Medical Council

Medical Council
Kingram House
Kingram Place
Dublin 2
D02 XY88

www.medicalcouncil.ie